

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044049

1. Corporation Name

Fancy Bakery, Inc.

*Amended*

Principal Place of Business

Mailing Address

FILED

01 JUN 26 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified 5/15/1998	3a. Date of Last Report
4. FEI Number 650838341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May-Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7183 - 7185 S.W. 8th Street Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33144	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	County 25	County 30
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9. Name and Address of Current Registered Agent Sonia Diaz 7183 - 7185 S.W. 8th Street Miami, FL 33144	10. Name and Address of New Registered Agent 81 Name Lizet R. Ramos 82 Street Address (P.O. Box Number is Not Acceptable) 10621 SW 67th Street 83 84 City Miami FL 85 Zip Code 33173
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11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lizet R. Ramos* Lizet R. Ramos 6/25/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSTVP Lizet R. Ramos 10621 SW 67th Street Miami, FL 33173 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13, or on attachment with an address.

SIGNATURE *Lizet R. Ramos* Lizet R. Ramos, President 6/25/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2062

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 6-26-01

NAME: FANCY BAKERY, INC.

TYPE OF FILING: UBR UPDATE

COST:

RETURN:

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01 JUN 26 AM 9 49  
DIVISION OF CORPORATION

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

