2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057170

1. Entity Name

RAM'S BAKERY ENTERPRISES, INC.

2145 VISCOUNT ROW CRIANCE FL 32809

Principal Place of Business

Mailing Address

2145 VISCOUNT ROW ORLANDO FL 32809

FILED Feb 16, 2000 8:00 am Secretary of State

02-16-2000 90135 022 ***150.00

					AL AND I 1868 INCH 1881 INCH 1881	
Principal Pl	Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN TE	HIS SPACE	
City & State		City & State		4. FEI Number 65-0852970	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6Name and Address of Current R	egistered Agent		7. Name and Address of New Register	red Agent	
				Name		
GROSMAN, ROTEM 2145 VISCOUNT ROW ORLANDO FL 32809			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
0,,,2			City		FL Zip Code	
OLONIATURE	named entity submits this statement for Signature, typed or printed name of registered agent ar		s registered office or regi TE: Registered Agent signature red	stered agent, or both, in the State of Florida. Julied when reinstating)	ATE	
Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to I			State	Added to Fees		
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GROSMAN, ROTEM 2145 VISCOUNT ROW ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I furth	Change Addition	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

407-859-6382

Date

Daytime Phone #

CR2E034 (9/99)