..2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096198

FILED May 22, 2001 8:00 am Secretary of State

	EURC) BREAD & CA	FE OF BOCA,	INC.			05-2	22-2001 900	45 001 ***15	0.00	
Principal Place of Business 852 NW 111 AVENUE PLANTATION, FL 33324 Mailing Address 852 NW 111AAVENUE PLANTATION, FL 33324								55326	3 2		
	Place of Busine		3. Mailing Address 852 NW 111 AVENUE								
852 NW 111 AVENUE Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te ATION,	FLORIDA	City & State PLANTATION, FLORIDA			4. F	4. FEI Number 65-0877901 Applied For Not Applicable				
Zip 33324		Country USA	Zip	USA			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name a	and Address of Current R	egistered Agent		ļ	7. N	ame and Address	of New Registe	ered Agent		
HOTTE.	JOHN	F			Name R	EJEAN	LAPIERRI	E			
2600 EAST COMMERCIAL BOULEVARD #826							ss (P.O. Box Number is Not Acceptable)				
	AUDERD	ALE, FLORIDA	A 33308			800 W	• OAKLANI	· · · · · · · · · · · · · · · · · · ·			
	/	^)	/ 1		City S	UNRIS	Ę		FL Zig 33	51	
SIGNATURE 9. This corpo		printed harm of registered agent an	nd title if applicable. (NOTE		J FMU d Agent signature in IS \$150.00	required when rei	PISON Finistating) 10. Election Carr		DATE		
Tax filing r		nd elects to do so.	After MAY 1, 200 Make Check Payab			f State	Trust Fund C	ontribution.	☐ Added	May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.		ADI	DITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	P		☐ Delete	TITLE					🔀 Change	Addition	
NAME	PEREZ										
STREET ADDRESS											
0.74 07 77	852 N	, GERARD W 111AAVENUI	<u>.</u>	NAM STRE	ET ADDRESS		W 111 AV				
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13. I hereby certify that the information supplied with this filling 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 extrustee 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 of the normalization of the receiver extrustee empowered.

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (954)568