## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P98000105342 05-23-2001 91159 015 \*\*\*150.00 LANTANA BREAD BASKET, INC. Principal Place of Business Mailing Address 1290 W. LANTANA ROAD 1290 W. LANTANA ROAD LANTANA FL 33462 LANTANA FL 33462 553785 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For City & State City & State 65-0883267 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUSALLAN, MOHMOUD H Street Address (P.O. Box Number is Not Acceptable) 1290 W. LANTANA ROAD LANTANA FL 33462 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) **FILE NOW!!** FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Fee will be \$550.00 Tax filing requirement and elects to do so. After MAY 1, 200 I Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Change TITLE ☐ Delete TITLE MUSALLAN, MAHMOUD H NAME NAME STREET ADDRESS STREET ADDRESS 1290 W. LANTANA ROAD CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 Addition ☐ Change ☐ Delete TITLE TITLE NAME HUSSAIN. HAITHAM NAME STREET ADDRESS STREET ADDRESS 1290 W. LANTANA ROAD CITY-ST-ZIP CITY-ST-7IP Lanta<u>na FL 33462</u> ☐ Change Addition 11TLE ☐ Delete TIFLE NAME NAME RAMADAN, JALAL STREET ADDRESS STREET ADDRESS 1290 W. LANTANA ROAD CITY-ST-ZIP CITY-ST-ZIE LANTANA FL 33462 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME

STREET ADDRESS

CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that missignature 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.

5°82-0320

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER O I DIRECTOR

CR2E034 (10/00)