

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006400

1. Entity Name

R & J CORNER BAKERY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90161 020 ***150.00

Principal Place of Business

190 W. PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address

190 W. PALMETTO PARK ROAD
BOCA RATON FL 33432-3828

2. Principal Place of Business

1701 WEST HILLSBORO

Suite, Apt. #, etc.

SUITE # 308

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA

3. Mailing Address

1701 WEST HILLSBORO BVD

Suite, Apt. #, etc.

SUITE 308

City & State

DEERFIELD BEACH FL

Zip

33442

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0894255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name ANDREW SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)

1701 WEST HILLSBORO BVD. - #308

City

DEERFIELD BEACH

FL

Zip Code

33442

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

Signature, typed or printed name of registered agent and title if applicable.

ANDREW SCHWARTZ AS REG. AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director ☐ Delete
NAME R. Liota
STREET ADDRESS 1701 W. Hillsboro Blvd, Suite 308
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

4/27/00 954 574-0770

Date

Daytime Phone #

CR2E034 (9/99)