

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010984

1. Entity Name
CUBANPASTRIES ONLINE, INC.

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90004 032 ***750.00

Principal Place of Business

2824 S.W. 183RD AVE.
MIRAMAR FL 33029

Mailing Address

2824 S.W. 183RD AVE.
MIRAMAR FL 33029

00087369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0919140

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YANEZ, JOSE A
3191 CORAL WAY STE. 107
MIAMI FL 33145

Name Jose A. Yanez
Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Ave., Suite 206
City Miami FL 33133

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 Jose A. Yanez, Esquire

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

(NOTE: Registered Agent signature required when reinstating)

9/18/00

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME YANEZ, MARIA T
STREET ADDRESS 2824 S.W. 183RD AVE.
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

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

TITLE V
NAME YANEZ, VICENTE
STREET ADDRESS 2824 S.W. 183RD AVE.
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

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

TITLE T
NAME YANEZ, HELEN
STREET ADDRESS 2824 S.W. 183RD AVE.
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ 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

9/18/00

437-8317