

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050782

1. Entity Name
CAKES FROM THE HEART, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90092 039 ***150.00

Principal Place of Business Mailing Address
4256 S.W. 153RD PLACE 4256 S.W. 153RD PLACE
MIAMI FL 33185 MIAMI FL 33185

909714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4095 SW 137th Ave Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
#6

City & State Miami Florida
Zip 33175 Country

City & State
Zip Country

4. FEI Number 65-0988855 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

MARTINEZ, LESLEY
4256 S.W. 153RD PLACE
MIAMI FL 33185

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Lesley D Martinez* (NOTE: Registered Agent signature required when reinstating) 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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, LESLEY D 4256 S.W. 153RD PLACE MIAMI FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, LESLEY D 4256 S.W. 153RD PLACE MIAMI FL 33185 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lesley D Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (305) 554-4949
Date Daytime Phone #

CR2E034 (10/00)