

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000054557**1. Entity Name  
**LUCIA'S MEXICAN BAKERY CORP.**

## Principal Place of Business

5004 NW 5TH ST.

DELRAY BCH  
33445

FL

## Mailing Address

5004 NW 5TH ST.

DELRAY BCH  
33445

FL

## 2. Principal Place of Business

341 NE 3RD AVE

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## City &amp; State

DELRAY BCH

FL

## City &amp; State

Zip  
33444

Country

Zip

Country

## 4. FEI Number

**65-0990015**

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PLANCARTE RODOLFO  
5004 NW 5TH ST.DELRAY BCH  
33445

FL

## 7. Name and Address of New Registered Agent

## Name

PLANCARTE RODOLFO JV.P

Street Address (P.O. Box Number is Not Acceptable)  
5004 NW 5TH ST.City  
DELRAY BCH

FL

Zip Code  
33445

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 **RODOLFO J. PLANCARTE**

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

(NOTE: Registered Agent signature required when reinstating)

**08/23/2001**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ARACELI H. MIRANDA	
STREET ADDRESS	5004 NW 5TH ST	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PLANCATE RODOLFO J	
STREET ADDRESS	5004 NW 5TH ST	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PLANCATE RODOLFO A	
STREET ADDRESS	5004 NW 5TH ST	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Rodolfo J. Plancarte**

VP

08/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)