2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAR 15 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064255

1. Entity Name

CITY FULL OF DOUGH, INC.

Principal Place of Business	Mailing Address
____ MAPLE TERR MIAMI FL 33014	6965 MAPLE TERR MIAMI FL 33014-2642

02-29-2000 90142 014

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 65-0943909 ☐ 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 NIURKA JORDAN
Street Address (P.O. Box Number is Not Acceptable)
6965 MAPLE TER.
City MIAMI LAKES FL Zip Code 33014

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] 1-31-00
Signature, typed or printed name of registered agent and title if applicable. (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	JORDAN, NIURKA	NAME	NIURKA JORDAN
STREET ADDRESS	6965 MAPLE TERR	STREET ADDRESS	6965 MAPLE TEL.
CITY-ST-ZIP	MIAMI FL 33014	CITY-ST-ZIP	MIAMI LAKES, FL. 33014
TITLE	D ☐ Delete	TITLE	V-PRESIDENT ☒ Change ☐ Addition
NAME	BESU', HUMBERTO	NAME	HUMBERTO BESU
STREET ADDRESS	14141 LEANING PINE DR	STREET ADDRESS	14141 LEANING PINE DR.
CITY-ST-ZIP	MIAMI LAKES FL 33014	CITY-ST-ZIP	MIAMI LAKES, FL. 33014
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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] NIURKA JORDAN 1-31-00 305-962-2954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #