

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066109

1. Entity Name

BREAD GALLERY BAKERY & CAFE USA INC.

Principal Place of Business

C/O. CALZADILLA, PEREZ, BURELLI
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131

Mailing Address

C/O. CALZADILLA, PEREZ, BURELLI
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

5748 Sunset Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 227220

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33143

Country

USA

Zip

33122-7220

Country

USA

4. FEI Number

65-0948361

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

URDANETA, VICENTE
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131

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

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, 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 D ☐ Delete
NAME RINCON, CESAR
STREET ADDRESS 888 BRICKELL AVE., 5TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 5748 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ Delete
NAME DE RINCON, LUISA U
STREET ADDRESS 888 BRICKELL AVE., 5TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 5748 SUNSET DR
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luisa Rincon

04-30-01

Date

305-663-1179

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE