FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 11, 2002 8:00 am P99000066109 DOCUMENT # Secretary of State 1. Entity Name 02-11-2002 90206 014 ***150.00 BREAD GALLERY BAKERY & CAFE USA INC. Principal Place of Business Mailing Address **5748 SUNSET DRIVE** P.O. BOX 227220 MIAMI FL 33143 MIAMI FL 33122-7220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0948361 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jorge L. Fors URDANETA, VICENTE Street Address (P.O. Box Number is Not Acceptable) 1108 Ponce de Leon Blyd 888 BRICKELL AVE., 5TH FLOOR MIAMI FL 33131 Coral Gables 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🕭 Delete X Addition ☐ Change TITLE TITLE RINCON, CESAR Victor Hugo Urrea Vesga NAME NAME STREET ADDRESS **5748 SUNSET DRIVE** STREET ADDRESS 5748 Sunset Dr. South Miami, FL 33143 V/S/T/D **MIAMI FL 33143** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE X Delete TITLE Luisa Lugo de Urrea DE RINCON, LUISA U NAME **5748 SUNSET DRIVE** STREET ADDRESS 5748 Sunset Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 South Miami, FL 33143 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received ontrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rec changed, or on an attachme

President - Victor

RYPROXIBLE XX RIVER X X KONKOOXK

Date

Hugo Urrea Vesqa

Daytime Phone #

305-663-1179