

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067321

1. Entity Name

LA LATINA INTERNATIONAL BAKERY, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90208 015 \*\*\*150.00

0146182

Principal Place of Business  
4700 NORTHWEST 7TH STREET  
MIAMI FL 33126

Mailing Address  
4700 NORTHWEST 7TH STREET  
MIAMI FL 33126

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 65-0945747

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

LEON, BEATRIZ  
4700 NW 7TH STREET  
#17-18  
MIAMI FL 33126

Name  
CACERES, MARLENE

Street Address (P.O. Box Number is Not Acceptable)

4700 NW 7TH STREET

#17-18

City MIAMI

FL

Zip Code 33126

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.

JOSE A. URIBE - PDT

SIGNATURE

BEATRIZ LEON.

03-23-01

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 PD  
NAME LEON, BEATRIZ ☒ Delete  
STREET ADDRESS 4700 NORTHWEST 7TH STREET #17-18  
CITY-ST-ZIP MIAMI FL 33126

TITLE PD  
NAME CACERES, MARLENE ☒ Change ☐ Addition  
STREET ADDRESS 4700 NORTHWEST 7TH STREET #17-18  
CITY-ST-ZIP MIAMI, FL 33126

TITLE TD  
NAME URIBE, JOSE A ☐ Delete  
STREET ADDRESS 4700 NORTHWEST 7TH STREET #17-18  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE SD  
NAME URIBE, GIOVANNY A ☐ Delete  
STREET ADDRESS 4700 NORTHWEST 7TH STREET #17-18  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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.

JOSE A. URIBE (PDT)

SIGNATURE:

BEATRIZ LEON

3/23/01

(305) 476-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)