

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000067321

1. Entity Name

LA LATINA INTERNATIONAL BAKERY, INC.

FILED
May 17, 2002 8:00 A.M
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4700 NW 7TH ST

Suite, Apt. #, etc.

3. Mailing Address

4700 NW 7TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

650945747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERTO DAZA

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

4700 NW 7TH ST

City

MIAMI

FL

Zip

33126

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D ROBERTO DAZA
4700 NW 7ST
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V/D MARIA O. DAZA
4700 NW 7ST
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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****150.00 ****150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

UNITED STATES