

2000 UNIFORM BUSINESS REPORT (UBR)

3/30

FILED

May 11, 2000 8:00 am
Secretary of State

03-30-2000 90027 020 ***150.00

DOCUMENT # P99000093439

1. Entity Name

PINES BAKEHOUSE, INC.

Principal Place of Business

Mailing Address

710 N.W. 78TH AVENUE
PEMBROKE PINES FL 33024

710 N.W. 78TH AVENUE
PEMBROKE PINES FL 33024-6824

2. Principal Place of Business

5640 Rodman

3. Mailing Address

710 NW 78 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P-Pines Fla

City & State

Hud. Fla

City & State

Zip

33028

Country

USA

Zip

33024

Country

USA

4. FEJ Number

65-0956552

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

MILO, JUAN L
710 N.W. 78TH AVENUE
PEMBROKE PINES FL 33024

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

Juan Milo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/27/00

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	P	<input type="checkbox"/> Delete
NAME	MILO, JUAN L	
STREET ADDRESS	710 N.W. 78TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILO, THERESA	
STREET ADDRESS	710 N.W. 78TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Juan Milo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

Daytime Phone #

954-962-8132

CR2E034 (9/99)