

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90021 026 ***158.75

DÓCUMENT # P99000101521

1. Entity Name

LA TIENDECITA BLANCA INTERNATIONAL BAKERY, INC.

Principal Place of Business

**1835 NORTH 66TH AVE.
 HOLLYWOOD FL 33024**

Mailing Address

**6551 COLIDGE STREET
 HOLLYWOOD FL 33024**

2. Principal Place of Business

1835 N. 66 Ave

Suite, Apt. #, etc.

3. Mailing Address

6551 Coolidge St.

Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

Hollywood Fl.

Zip

Country

33024

BROWARD

Zip

Country

33024

BROWARD

4. FEI Number

65-0562468

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

**DEL PILAR EFTHIMIOU, MARIA
 6551 COOLIDGE STREET
 HOLLYWOOD FL**

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 **PD** ☐ Delete
 NAME **DEL PILAR EFTHIMIOU, MARIA**
 STREET ADDRESS **6551 COLRIDGE STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE ☐ Delete
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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: **Maria del Pilar Efthimio** **MARIA DEL PILAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2001 (954) 963-4033

CR2E034 (10/00)