

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90034 006 \*\*\*158.75

**DOCUMENT #**

P99000107975

1. Entity Name

LA BONNE PATE BAKERY, Inc.

Principal Place of Business

Mailing Address

89 SW 2nd Street  
Homestead, Florida 3303089 SW 2nd Street  
Homestead, Florida 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0970132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00056245

**6. Name and Address of Current Registered Agent**DUCENA, MICHELINE  
162 S.W. 1st Avenue  
HOMESTEAD, FL 33030**7. Name and Address of New Registered Agent**

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**☐ Delete☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
DUCENA, MICHELINE  
162 S.W. 1st Avenue  
HOMESTEAD, FL 33030☐ Delete☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change☐ AdditionTITLE  
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STREET ADDRESS  
CITY-ST-ZIPTITLE  
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:

Micheline Ducena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 245 8158

Daytime Phone #

CR2E034 (11/00)