

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 014 ***158.75

DOCUMENT # P99000107975

1. Entity Name

LA BONNE PATE BAKERY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

89 SW 2nd Street

Suite, Apt. #, etc.

3. Mailing Address

89 SW 2nd Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Homestead, Florida

City & State

Homestead, Florida

4. FEI Number

65-0970132

Applied For

Not Applicable

Zip

33030

Country

Dade

Zip

33030

Country

Dade

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Micheline Ducena

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

17781 SW 113 Ave

City

Miami, FL

FL

Zip Code
33157

**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 **Micheline Ducena, President**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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 \$550.00

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

Micheline Ducena, President

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE: **Micheline Ducena, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

(305) 245-8158

Date

Daytime Phone #