

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90154 001 \*\*\*150.00

**DOCUMENT # P97000035314**

1. Entity Name

**DON PAN SAWGRASS, INC.**

Principal Place of Business

**581 W 49TH STREET  
HIALEAH FL 33012  
US**

Mailing Address

**581 W 49TH STREET  
HIALEAH FL 33012  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0764771**

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

**MORENO, IGNACIO  
7622 SW 129 PLACE  
MIAMI FL 33183**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GORRIN, JUAN</b>	
STREET ADDRESS	<b>10574 NW 51ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	

TITLE	<b>PRESIDENT AND DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GORRIN, JUAN</b>	
STREET ADDRESS	<b>10574 NW 51 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GORRIN, ANTONIO</b>	
STREET ADDRESS	<b>9719 COSTA DEL SOL BLVD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	

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

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORENO, IGNACIO</b>	
STREET ADDRESS	<b>7622 SW 129TH PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	

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

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

TITLE	<b>SECRETARY/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLOS ALVAREZ</b>	
STREET ADDRESS	<b>12711 WEST SUNRISE BLVD.</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>	

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

TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIA TERESA ALVAREZ</b>	
STREET ADDRESS	<b>12711 WEST SUNRISE BLVD.</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>	

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

TITLE	<b>VICE PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALEXANDRA C. GORRIN</b>	
STREET ADDRESS	<b>10924 NW 68TH</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)