

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000012201

1. Entity Name  
PANCHA BC L.C.

FILED

01 JAN 22 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
421 NORTH HIBISCUS DRIVE UNIT 5  
MIAMI BEACH FL 33139

Mailing Address  
421 NORTH HIBISCUS DRIVE UNIT 5  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-1046625

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100003598721--0  
-01/29/01--01012--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  
MGR LANG, JULIANA  
STREET ADDRESS 421 NORTH HIBISCUS DRIVE UNIT 5  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
MGR GIGLI, MARIA  
STREET ADDRESS 421 NORTH HIBISCUS DRIVE UNIT 5  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
MGR ESPINDOLA, CARLOS  
STREET ADDRESS 421 NORTH HIBISCUS DRIVE UNIT 5  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE NAME  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
1/17/01 305 672-8820  
Date Daytime Phone #

CR2E083 (11/00)