

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0011351

DOCUMENT # L01000002848

1. Entity Name
DON PAN LAKES, L.C.

04-16-2002 90093 035 *****50.00

Principal Place of Business Mailing Address
2043 N.W. 87TH AVENUE 2043 N.W. 87TH AVENUE
MIAMI FL 33172 MIAMI FL 33172

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1135171** Applied For
 Not Applicable

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

ROZENEWAIG, LESLIE ALAN P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI FL 33131

Name **ALEJANDRA C. GORRIN**
 Street Address (P.O. Box Number is Not Acceptable)
10574 NW 51 Street
 City **Miami** FL Zip Code **33178**

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  **3/5/02**
 Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **CAROLINA GORRIN, ALEJANDRA**
 STREET ADDRESS **2043 N.W. 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **MGR.** ☒ Change ☐ Addition
 NAME **ALEJANDRA CAROLINA GORRIN**
 STREET ADDRESS **10574 NW 51 St.**
 CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

3/5/02 **(305) 463-8398**
 Date Daytime Phone #

CR2E083 (9/01)