

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90093 034 ****50.00

DOCUMENT # L01000009239

1. Entity Name

DON PAN KEY BISCAYNE, LLC

Principal Place of Business

**724 CRANDON BOULEVARD
 KEY BISCAYNE FL 33131**

Mailing Address

**10530 NW 26 STREET
 # F-107
 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

65-1140192

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

**GORRIN, ALEJANDRA C
 5641 NW 112 AVENUE
 #116
 MIAMI FL 33178**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/5/02

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 **GORRIN, ALEJANDRA C**
 STREET ADDRESS **5641 NW 112 AVENUE #116**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Gorrin, Alejandra C.**
 STREET ADDRESS **10574 NW 51 ST.**
 CITY-ST-ZIP **Miami, FL 33178**

TITLE **MGRM** ☐ Delete
 NAME **DP GORBRO, LLC**
 STREET ADDRESS **10700 WEST FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33174**

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) 463-8345

Daytime Phone #

CR2E083 (9/01)