

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000402

1. Entity Name
PANAFAST, L.C.

FILED

00 APR -4 AM 10:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1588 NW 159TH ST
MIAMI FL 33169-5635

Mailing Address
1588 NW 159TH ST
MIAMI FL 33169-5635

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1486214

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, CARLOS
1588 NW 159TH ST
MIAMI FL 33169-5635**

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 resigning)

DATE

[Handwritten Signature]
CARLOS E. MARTINEZ 2/25/00
MANAGER (PRESIDENT)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR HIRSCH, DAVID M
STREET ADDRESS **P.O. BOX 879**
CITY-ST-ZIP **PAWTUCKET RI 02862**

TITLE NAME Delete
MGR MARTINEZ, CARLOS E
STREET ADDRESS **721 CATALONIA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE NAME Delete

TITLE NAME Delete

TITLE NAME Delete

TITLE NAME Delete

TITLE NAME Change Addition
100003189111--1
STREET ADDRESS **-03/30/00--01003--020**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)