## 2000 ÚNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800001856

## PAN PARA LOS POBRES, INC.



Jun 23, 2000 8:00 am Secretary of State 06-23-2000 90104 020 \*\*\*\*70.00



Principal Place of E	Business	Mailing Address	
14690 DR. MARTIN DOVER FL 33527	LUTHER KING JR. BLVD.	P.O. BOX 159 DOVER FL 33527-0159	
2. Principal Place	of Business	3. Mailing Address	
Suite, Apt. #, etc	c.	Suite, Apt. #, etc.	
City & State	<u> </u>	City & State	
Zip	Country	Zip	Country
6	. Name and Address of Cur	rent Registered Agent	
	್ರ ಕಾಲ್ಡಿಜ್ಞಾಗಳು ಕನ	<del>en i na mani</del> ta an an	Name



DO NOT WRITE IN THIS SPACE

Signature   Sign							, 0.00	ound, ript.
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  7. Name and Address of New Registered Agent  Not Acceptable in the state of Fiorida.  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  7. Name and Address of New Registered Agent  Not Acceptable in the state of Fiorida.  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 agent, or both, in the state of Fiorida.  Significant Acceptable in the state of Fiorida.  Significant Acceptable in the state of Fiorida.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In Title  NAME  MARENCO/PERNE'  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In Title  NAME  NAME  NAME  NAME  NAME  NAME  STREET ADDRESS  OTTY-ST-ZIP  STREET ADDRESS  OTTY-ST-ZIP  NAME  NAM	4. FEI Number Applied For Not Applicable		City & State		0	City & State		
MARENCO, DEBORAH 14002 WHITE PLAINS ST. SPRING HILL FL 34609  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 troad or prises name of registered agent and 1954 applicable. (NOTE Registered Agent synature register depend when reliabled w	ional	8.75 Addit e Required	Status Desired X Fe	5. Certificate o	Country	Zip	Country	Zip
MARENCO, DEBORAH 14002 WHITE PLAINS ST. SPRING HILL FL 34609  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   File NOW: Fee is \$61.25		ent	ddress of New Registered Ag	7. Name and A		6. Name and Address of Current Registered Agent		
MARENCO, DEBORAH 14002 WHITE PLAINS ST. SPRING HILL FL 34609  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 ster if applicable.	-		4 grand 1		Name	1	The second second second second	h :7 <del>7</del> 2
SPRING HILL FL 34609  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Fiorida.  SIGNATURE    Signature, hyped or printed name of registered agent and 90e if applicable.   (NOTE: Registered Agent sgreature required when restricting)   DATE			s Not Acceptable)	ddress (P.O. Box Number	Street Ad			
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   Signat							='	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	City FL Zip Code			City		ILL FL 34609	SPRING H	
FILE NOW: FEE IS \$61.25  PSECION Campaign Financing FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  Trust Fund Contribution.  TITLE MARENCO; RENE' 14002 WHITE PLAINS ST CITY-ST-ZIP TITLE BMYP CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP TITLE BMST TITLE TITLE BMST MARENCO, DEBORAH TITLE BMST TITLE BMST MARENCO, DEBORAH TITLE MARE MARENCO, DEBORAH TITLE MARE CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 TITLE BMC CORREA, JOSE' STREET ADDRESS CITY-ST-ZIP TITLE BMM CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP TITLE BMM CORREA, JOSE' STREET ADDRESS CITY-ST-ZIP TITLE BMM CORREA, JOSE' STREET ADDRESS CITY-ST-ZIP TITLE BMM CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP TITLE BMM CORREA, JOSE' STREET ADDRESS CITY-ST-ZIP TITLE BMM CORREA TITLE CORREA T			in the state of Florida.	registered agent, or both	egistered office or	for the purpose of changing its re	named entity submits this statement	8. The above
Trust Fund Contribution.    Added to Fees   Department of State	<u> </u>	<u></u>	DATE	re required when reinstating)	Registered Agent signatur	ent and title if applicable. (NOTE: R	Signature, typed or printed name of registered ager	SIGNATURE .
TITLE				\$5.00 May Be Added to Fees	· -	, ,		
NAME	0	CTORS IN 1	IGES TO OFFICERS AND DIRE	ADDITIONS/CHA	11.	DIRECTORS	OFFICERS AND D	10.
STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609  TITLE BMVP CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP VALRICO.FL 33594  TITLE BMST MARENCO, DEBORAH STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE BMD CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP  TITLE BMST MARENCO, DEBORAH STREET ADDRESS CITY-ST-ZIP  TITLE CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE BMD CORREA, JOSE' L STREET ADDRESS CITY-ST-ZIP  TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP TITLE BMD CORREA, LOYDA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE BMD CORREA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CORREA STREET ADDRESS CITY-ST-ZIP CIT	☐ Addition	Change			TITLE	☐ Delete	CP 3 '8	TITLE
CITY-ST-ZIP					NAME		MARENCO: RENE'	NAME
Delete						· ·		
NAME   STREET ADDRESS   CITY-ST-ZIP   VALRICO_FL_33594   CITY-ST-ZIP					CITY-ST-ZIP		·	CITY-ST-ZIP
STREET ADDRESS   CITY-ST-ZIP	Addition	Change	Γ			☐ Delete	1	TITLE
CITY-ST-ZIP								
TITLE BMST								
NAME								
STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609  TITLE NAME CORREAL LOYDA STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM	☐ Addition	Change	L			∟ Delete	I.	
CITY-ST-ZIP         SPRING HILL FL 34609         CITY-ST-ZIP           TITLE         BMD         Delete         TITLE           NAME         CORREAL LOYDA         NAME           STREET ADDRESS         207 BELFORT-PL         STREET ADDRESS           CITY-ST-ZIP         VALRICO FL 33594         CITY-ST-ZIP           TITLE         BMD         Delete         TITLE           NAME         MUNIZ, AIDA         NAME					I			
TITLE								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Addition	Channe			TITLE			
STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594  TITLE NAME MUNIZ, AIDA STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME		01101190				CT Deserte		
CITY-ST-ZIP         VALRICO FL 33594         CITY-ST-ZIP           TITLE         BMD         Delete         TITLE           NAME         MUNIZ, AIDA         NAME         NAME								
TITLE BMD Delete TITLE Change NAME MUNIZ, AIDA NAME					CITY-ST-ZIP			
NAME MUNIZ, AIDA	☐ Addition	Change		<u></u>	TITLE	☐ Delete		TITLE
		-			NAME			
STREET ADDRESS   811 PINEBERRY #303					STREET ADDRESS		811 PINEBERRY #303	STREET ADDRESS
CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP					CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP
	Addition	Change			TITLE	☐ Delete		TITLE
NAME NAME					NAME			NAME
STREET ADDRESS STREET ADDRESS					STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP					CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Dilately movenes Deborah Marenco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352/686-7206

Daytime Phone #