

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91492 041 ****70.00

DOCUMENT # N98000001856

1. Entity Name

PAN PARA LOS POBRES, INC.

Principal Place of Business

Mailing Address

**14690 DR. MARTIN LUTHER KING JR. BLVD.
 DOVER FL 33527**

**P.O. BOX 159
 DOVER FL 33527-0159**

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

59-3504449

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARENCO, DEBORAH
 14002 WHITE PLAINS ST.
 SPRING HILL FL 34609**

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 reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
CP	MARENCO, RENE'		
14002 WHITE PLAINS ST	14002 WHITE PLAINS ST		
SPRING HILL FL 34609	SPRING HILL FL 34609		
BMVP	CORREA, JOSE' L		
207 BELFORT PL	207 BELFORT PL		
VALRICO FL 33594	VALRICO FL 33594		
BMST	MARENCO, DEBORAH		
14002 WHITE PLAINS ST	14002 WHITE PLAINS ST		
SPRING HILL FL 34609	SPRING HILL FL 34609		
BMD	CORREA, LOYDA		
207 BELFORT PL	207 BELFORT PL		
VALRICO FL 33594	VALRICO FL 33594		
BMD	MUNIZ, AIDA		
811 PINEBERRY #303	811 PINEBERRY #303		
BRANDON FL 33510	BRANDON FL 33510		

12. 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 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: SIGNATURE REQUIRED *Deborah Marengo* Date: 4/19/02 352/754-4208 x264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)