

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N990000000031

1. Entity Name
EL PAN DE VIDA, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90002 049 ****70.00

Principal Place of Business
2152 WHISPER LAKES BLVD.
ORLANDO FL 32837

Mailing Address
P.O. BOX 770416
ORLANDO FL 32877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3573347

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FELIZ, BENJAMIN
2152 WHISPER LAKES BLVD.
ORLANDO FL 32837

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
After September 13, 2000 min. will be \$236.25

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

TITLE NAME ☐ Delete
D REYES, JOSE A SR. DR.
STREET ADDRESS 218 BARTLETT CIRCLE
CITY-ST-ZIP CLEVELAND TN 37312

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

TITLE NAME ☐ Delete
D REYES, OLFA
STREET ADDRESS 218 BARTLETT CIRCLE
CITY-ST-ZIP CLEVELAND TN.37312

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

TITLE NAME ☐ Delete
D FELIZ, BENJAMIN
STREET ADDRESS 2211 PHONECIA CT.
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE NAME ☐ Delete
D CARELA, ANGEL
STREET ADDRESS 2480-2 BARLEY CLUB CT.
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE NAME ☐ Delete
D FELIZ, DAMARIS
STREET ADDRESS 2111 PHOENECIA CT.
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 OF BENJAMIN FELIZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/2000 (407) 857-1551

CR2E037 (5/00)