

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000027549**

**1. Entity Name**  
**PANKENDALL, INC.**



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90144 027 \*\*\*150.00

**Principal Place of Business**  
**10530 NW 26TH ST**  
**SUITE F-107**  
**MIAMI FL 33172**

**Mailing Address**  
**10530 NW 26TH ST**  
**SUITE F-107**  
**MIAMI FL 33172**

**2. Principal Place of Business**

**10471 SW Kendall Dr.**

**Suite, Apt. #, etc.**

**Suite B-105**

**City & State**  
**MIAMI FLORIDA**

**Zip**  
**33173**

**Country**  
**US**

**3. Mailing Address**

**2330 NW 102 Ave**

**Suite, Apt. #, etc.**

**#1**

**City & State**  
**MIAMI FLORIDA**

**Zip**  
**33172**

**Country**  
**US**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0992290**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GORRIN, ALEJANDRA C**

**10574 NW 51 STREET**

**MIAMI FL 33178**

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>GORRIN, ALEJANDRA C</b>	
<b>STREET ADDRESS</b>	<b>10574 NW 51 STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRESIDENT, SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ALEJANDRA C GORRIN</b>	
<b>STREET ADDRESS</b>	<b>10574 NW 51 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33178</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**4/23/03 (305) 463-8395**

CR2E034 (10/02)