

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 014 ***150.00

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DOCUMENT # P00000027772

1. Entity Name
PANOAKLAND, INC.



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

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



2. Principal Place of Business
127 GE 2nd Ave.

3. Mailing Address
2330 NW 102 Ave

--- Suite, Apt., #, etc. ---

--- Suite, Apt., #, etc. ---

1

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0992294

Applied For
Not Applicable

Zip
33131 Country
US

Zip
33172 Country
US

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

**GORRIN, ALEJANDRA C
10574 NW 51 STREET
MIAMI FL 33178**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GORRIN, ALEJANDRA
10574 NW 51 STREET
MIAMI FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT, SECRETARY
GORRIN, ALEJANDRA
10574 NW 51 STREET
MIAMI FL 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED ALEJANDRA GORRIN

04/23/04 305-463-8395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)