

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052640

1. Entity Name

Librería Pan de Vida, Corp.

Principal Place of Business

7105 NW 79 Ave.  
Tamarac, Fl.  
33321

Mailing Address

7105 NW 79 Ave.  
Tamarac, Fl.  
33321

2. Principal Place of Business

7105 NW 79 Ave.

3. Mailing Address

7105 NW 79 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, Fl.

City & State

Tamarac, Fl.

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

65-1013058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Hector Ochoa  
7105 NW 79 Ave.  
Tamarac, Fl.  
33321

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

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11. OFFICERS AND DIRECTORS

TITLE: President  
NAME: Hector Ochoa  
STREET ADDRESS: 7105 NW 79 Ave.  
CITY-ST-ZIP: Tamarac, Fl. 33321

☐ Delete

TITLE: Secretary  
NAME: Gladys Ochoa  
STREET ADDRESS: 7105 NW 79 Ave.  
CITY-ST-ZIP: Tamarac, Fl. 33321

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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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STREET ADDRESS:   
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. 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 11 or Block 12 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

6-25-02

Date

Daytime Phone #

FILED

02 JUN 27 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

671-330

DO NOT WRITE IN THIS SPACE