

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90132 012 ***150.00

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DOCUMENT # P00000052640

1. Entity Name
LIBRERIA PAN DE VIDA CORP.



Principal Place of Business
7105 NW 79 AVENUE
TAMARAC FL 33321

Mailing Address
7105 NW 79 AVENUE
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

7105 NW 79 Ave

7105 NW 79 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMARAC FL

TAMARAC FL

Zip

Country

Zip

Country

33321

US

33321

US

4. FEI Number 65-1013058

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCHOA, HECTOR
7105 NW 79 AVENUE
TAMARAC FL 33321

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 P
NAME OCHOA, HECTOR
STREET ADDRESS 7105 NW 79 AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME NUBIA OCHOA, GLADYS
STREET ADDRESS 7105 NW 79 AVENUE
CITY-ST-ZIP TAMARAC FL 33321

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03

CR2E034 (10/02)