

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

0235513 AV

**DOCUMENT # P00000061090**

**1. Entity Name**  
**PANCHOS PRODUCTION, INC.**

03-12-2002 90021 043 \*\*\*150.00

**Principal Place of Business**  
**1330 CORAL WAY, STE 204**  
**MIAMI FL 33145**

**Mailing Address**  
**1330 CORAL WAY, STE 204**  
**MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**3375 N COUNTRY CLUB DR**

**3. Mailing Address**  
**3375 N COUNTRY CLUB DR**

Suite, Apt. #, etc.  
**SUITE #702**

Suite, Apt. #, etc.  
**SUITE #702**

City & State  
**AVENTURA, FLORIDA**

City & State  
**AVENTURA, FLORIDA**

**4. FEI Number** **65-1018829**

Applied For  
 Not Applicable

Zip Country  
**33180 MIAMI-DADE**

Zip Country  
**33180 MIAMI-DADE**

**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**

**CARMEN FERNANDEZ, CELINA**  
**3375 N COUNTRY CLUB DR, #703**  
**SUITE #702**  
**AVENTURA FL 33180**

Name  
**FERNANDEZ, CELINA CARMEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3375 N COUNTRY CLUB DR, SUITE #702**  
**AVENTURA, FLORIDA 33180**  
 City **AVENTURA** **FL** Zip Code **33180**

**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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, CELINA CARMEN 3375 N COUNTRY CLUB DRIVE STE #701 AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, CELINA CARMEN 3375 N COUNTRY CLUB DR, STE #702 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2002 (305) 510-4405

Date Daytime Phone #

CR2E034 (9/01)