

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90457 024 ***150.00

DOCUMENT # P01000085003

1. Entity Name
POMMES & PANE OF COCONUT GROVE, INC.

Principal Place of Business
 3109 GRAND AVENUE #273
 MIAMI FL 33133

Mailing Address
 3109 GRAND AVENUE #273
 MIAMI FL 33133



2. Principal Place of Business

3015 Grand Avenue #122

3. Mailing Address

Suite, Apt. #, etc.

~~3015 Grand Avenue #122~~

City & State
Miami, Florida

City & State

Zip
33133

Country
MIAMI-DADE

Zip

Country

4. FEI Number

65-1134705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUIG, JOSE R ESQ
LAW OFFICES OF PUIG & ASSOCIATES, P.A.
600 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Law Offices of Jose R. Puig, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2722 Ponce de Leon Blvd, Ste 500
City
Goral Gables **FL** **Zip Code**
33134

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

JOSE R. PUIG

8 APR 2002

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
SMIT, OLAV T
3109 GRAND AVENUE #273
MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
PUIG, JOSE R ESQ
600 BRICKELL AVENUE SUITE 200
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

OLAV T. SMIT

4/8/02

305-774-6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)