

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90101 020 ***150.00

DOCUMENT # P01000094998

1. Entity Name

McPAN, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10740 NW 58th

Suite, Apt. #, etc.

3. Mailing Address

11225 NW 62nd Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-1145945

Applied For

Not Applicable

Zip

33178

Country

US

Zip

33178

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **GASPARD, MARIA TERESA**

Street Address (P.O. Box Number is Not Acceptable)

11225 NW 62ND TERRACE

City

MIAMI

FL

Zip Code

33178

**DO NOT WRITE
IN THIS SPACE**

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

MariaTG

Signature, type or print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/29/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1, 2002 Fee is \$150.00
After July 1, Fee is \$550.00
Amended UBR is \$81.25
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

PD
ALAIMO, CALOGERO
3900 NW 79 AV
SUITE 529
MIAMI - FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP5D
ALAIMO, CALOGERO
3900 NW 79 AV
SUITE 529
MIAMI - FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

J
GASPARD, MARIA TERESA
11225 NW 62ND TERRACE
MIAMI - FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
GASPARD, MARIA TERESA
11225 NW 62ND TERRACE
MIAMI - FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BRAZ, JOAQUIN ANTUNES
9008 FRODE AV
SURF SIDE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIA TERESA GASPARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/02 (305) 406-2110

Date

Daytime Phone #

CR2E034B (12/01)