

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

1/1

01-16-2003 90122 043 \*\*\*150.00

**DOCUMENT # P02000028713**

**1. Entity Name**  
**PAN & WENDY CONSULTING, INC.**



**Principal Place of Business**  
**4830 NW 102 AVENUE #102**  
**MIAMI FL 33178**

**Mailing Address**  
**4830 NW 102 AVENUE #102**  
**MIAMI FL 33178**

**2. Principal Place of Business**

**6430 SW 144 ST MIAMI FL 33158**

**3. Mailing Address**

**6430 SW 144 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**

**MIAMI, FLORIDA**

**City & State**

**MIAMI, FLORIDA**

**4. FEI Number**

**30-006-4130**

**Applied For**

**Not Applicable**

**Zip**

**33158**

**Country**

**USA**

**Zip**

**33158**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**

**Fee Required**

**6. Name and Address of Current Registered Agent**

**FROMETA, MIRIAM B**  
**4830 NW 102 AVENUE #102**  
**MIAMI FL 33178**

**Name**

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

**6430 SW 144 STREET**

**City**

**MIAMI**

**FL**

**Zip Code**

**33158**

**7. Name and Address of New Registered Agent**

**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**

**TITLE** **D** ☐ Delete  
**NAME** **FROMETA, PEDRO M JR.**  
**STREET ADDRESS** **4830 NW 102 AVENUE #102**  
**CITY-ST-ZIP** **MIAMI FL 33178**

**TITLE** **D** ☐ Delete  
**NAME** **FROMETA, MIRIAM B**  
**STREET ADDRESS** **4830 NW 102 AVENUE #102**  
**CITY-ST-ZIP** **MIAMI FL 33178**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **FROMETA, PEDRO M JR.**  
**STREET ADDRESS** **6430 SW 144 STREET**  
**CITY-ST-ZIP** **MIAMI, FL 33158**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **FROMETA, MIRIAM B**  
**STREET ADDRESS** **6430 SW 144 STREET**  
**CITY-ST-ZIP** **MIAMI, FL 33158**

**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**

**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

**MIRIAM FROMETA 01/13/03 (305) 254 8020**

Date

Daytime Phone #

CR2E034 (10/02)