

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000095897

1. Entity Name
DON PABLO CORP.



90041028

Principal Place of Business
780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126

Mailing Address
780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

5. Certificate of Status Desired

Adopted For

Not Applicable

\$9.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name
Curelio A. Piedra
Street Address (P.O. Box Number is Not Acceptable)
780 NW Le Jeune Rd.
516
City
Miami FL 33126

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 of Registered Agent (if applicable)

(NOTE: Registered Agent signature required when submitting)

DATE

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 NAME STREET ADDRESS CITY-STATE-ZIP	PD VERDIQUIO, GUILLERMO 780 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP VERDIQUIO, MARIA F 780 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP VERDIQUIO, JUAN P 780 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MUSSO, MARIA C 780 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S VERDIQUIO, MARIA J 780 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.07(2)(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 of assets or powers conferred to execute this report is required by Chapter 597, 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 information.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT

Guillermo Verduquino

2/20/03

305 443-7122

Daytime Phone

Daytime Phone