

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020301

1. Entity Name

PANCHO'S CORPORATION

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90445 028 ***158.75

00031022



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3375 N. COUNTRY CLUB DR. SUITE #703 NORTH MIAMI BEACH FL 33180 US	Mailing Address 7098 BONITA DRIVE MIAMI BEACH FL 33141
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2. Principal Place of Business 1330 CORALWAY Suite, Apt. #, etc. 204 City & State MIAMI FLORIDA Zip 33145 Country USA	3. Mailing Address 1330 CORALWAY Suite, Apt. #, etc. 204 City & State MIAMI FL Zip 33145 Country USA
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4. FEI Number 65-0584001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERNANDEZ, CELINA
3375 N. COUNTRY CLUB DRIVE
SUITE #703
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name
FERNANDEZ, CELINA C.
Street Address (P.O. Box Number is Not Acceptable)
3375 N. COUNTRY CLUB DR. SUITE 702
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 *[Signature]* Celina Fernandez 03/30/01
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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LARA, RAFAEL B 3375 N. COUNTRY CLUB DRIVE #703 NORTH MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FERNANDEZ, CELINA C 3375 N. COUNTRY CLUB DRIVE #703 NORTH MIAMI BEACH FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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]* 03/30/01 (305) 858-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)