

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90057 032 \*\*\*150.00

**DOCUMENT # P97000025907**

1. Entity Name  
**DON PAN HIALEAH, INC.**

Principal Place of Business

**581 WEST 49TH ST  
HIALEAH FL 33012  
US**

Mailing Address

**591 W 49TH ST  
HIALEAH FL 33012**

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 **65-0765976**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

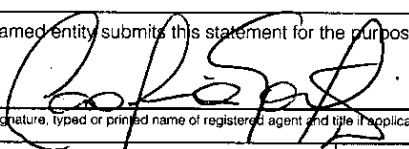
7. Name and Address of New Registered Agent

**MORENO, IGNACIO  
7622 SW 129 PLACE  
MIAMI FL 33183**

Name  
**ALEJANDRA C. GORRIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**10574 NW 81 ST.**

City **Miami,** **FL** Zip Code **33178**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/5/12**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **GORRIN, JUAN L.**  
STREET ADDRESS **10574 NW 51ST ST.**  
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **VP** ☐ Delete  
NAME **GORRIN, ANTONIO**  
STREET ADDRESS **9721 COSTA DEL SOL BLVD**  
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **S** ☐ Delete  
NAME **MORENO, IGNACIO**  
STREET ADDRESS **7622 SW 129TH PL**  
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **VP** ☐ Delete  
NAME **GORRIN, ALEJANDRA C**  
STREET ADDRESS **10924 NW 69 STREET**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **Alejandra Carolina Gorriñ**  
STREET ADDRESS **10574 NW 81 ST**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/12**  
Date

**(305) 463-8395**  
Daytime Phone #

CR2E034 (9/01)