

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90531 005 ***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
SAME

3. Mailing Address
2330 NW 102 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#1

City & State

City & State
MIAMI FLORIDA

Zip

Country

Zip
33172

Country

DADE

4. FEI Number **65-0765976**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK-HERE IF MAKING-CHANGES

6. Name and Address of Current Registered Agent

GORRIN, ALEJANDRA C
10574 NW 81 ST
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name
ALEJANDRA C. GORRIN
Street Address (P.O. Box Number is Not Acceptable)
10574 NW 81 STREET
MIAMI
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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GORRIN, ANTONIO 9721 COSTA DEL SOL BLVD MIAMI FL 33178 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MORENO, IGNACIO 7622 SW 129TH PL MIAMI FL 33183 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GORRIN, ALEJANDRA C 10924 NW 69 STREET MIAMI FL 33178 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TESORERO MORENO, IGNACIO 7622 SW 129TH PL MIAMI FLORIDA 33183 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT, SECRETARY AVILA, RODRIGO 856 TULIP CIRCLE WESTON, FLORIDA 33327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE: ALEJANDRA C GORRIN

03/19/03 (305)463-8395
Date Daytime Phone #

CR2E034 (10/02)