FILED
03 OCT 30 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025907

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

| Principal Place of Business | Mailing Address |
|---|---|
| 581 WEST 49TH ST<br>HIALEAH, FL 33012 US | 2330 NW 102 AVE., #1<br>MIAMI, FL 33172 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0765976** ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GORRIN, ALEJANDRA C<br>10574 NW 51 ST<br>MIAMI, FL 33178 | Name: Rodrigo Avila<br>Street Address: 581 W. 49th Street<br>City: Hialeah FL 33012 |

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
Amended UBR is $61.25
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MORENO, IGNACIO<br>7622 SW 129TH PL<br>MIAMI, FL 33183 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~10/30/03 01039 025 **83.75 183.75~~ ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GORRIN, ALEJANDRA C<br>10924 NW 69 STREET<br>MIAMI, FL 33178 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 200024288927<br>10/30/03--01039--025 **183.75 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>RODRIGO, AVILA<br>856 TOLIP CIR.<br>WESTON, FL 33327 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P / S<br>Avila, Rodrigo ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Avila, Rafael A.<br>581 W. 49th Street<br>Hialeah FL 33012 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Perez Schael, Carlos<br>581 W 49th St, Hialeah FL 33012 ☐ Change ☐ 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:** _____ 10/29/03 (954)663-1039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #