

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90110 011 ***150.00

DOCUMENT # P99000041487

1. Entity Name

DON PAN FLAGLER, INC.

Principal Place of Business

**10700 W. FLAGLER ST.
MIAMI FL 33174**

Mailing Address

**10700 W. FLAGLER ST.
MIAMI FL 33174**

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

65-0917952

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

**GORRIN, ALEJANDRO
10924 NW 69TH STREET
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

ALEJANDRA GORRIN

Street Address (P.O. Box Number is Not Acceptable)

10574 NW 51 Street

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/02
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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Gorrin, Alejandra C.**
CITY-ST-ZIP **10574 NW 51 St.**
Miami, FL 33178

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

TITLE ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02
Date

(305) 413-8395
Daytime Phone #

CR2E034 (9/01)