

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90352 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 10700 W FLAGLER ST. Suite, Apt. #, etc.		3. Mailing Address 2330 NW 102 AVE Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 85-0917952	
Zip 33174		Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORRIN, ALEJANDRO 10674 NW 51 STREET MIAMI, FL 33178			7. Name and Address of New Registered Agent Name GORRIN, ALEJANDRA C Street Address (P.O. Box Number is Not Acceptable) 10574 NW 51 STREET City MIAMI State 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 DATE 03/19/03 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when so indicating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2003, fee will be \$250.00 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	D MORENO, IGNACIO 7622 S.W. 129 PL. MIAMI, FL 33183	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GORRIN, ALEJANDRA C 10574 NW 51 ST Miami, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORRIN, ALEJANDRA C 10674 NW 51 STREET MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, SECRETARY Avila, Rodrigo 356 Tulip Circle Weston, FL 33327	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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: ALEJANDRA C GORRIN DATE 03/19/03 (305) 463-8395 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

11036802



☒ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)