

FILED

03 OCT 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**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 2330 NW 102 AVE # 1 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	4. FEI Number 65-0917952	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORRIN, ALEJANDRO 10674 NW 61 STREET MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Rodrigo Avila Street Address (P.O. Box Number is Not Acceptable) 581 W. 49th Street 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 far... the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when existing) DATE _____					
FILE NOW WITH FEE IS \$150.00 After MAY 11, 2003 Fee will be \$550.00 Amended UBR is \$81.25 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	P	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	GORRIN, ALEJANDRA C		NAME		
STREET ADDRESS	10674 NW 61 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE	P/S	☒ Change ☐ Addition
NAME	AVILA, RODRIGO		NAME	Avila-Rodrigo	
STREET ADDRESS	856 TULIP CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	Avila, Rafael A.	
STREET ADDRESS			STREET ADDRESS	581 W. 49th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Hialeah FL 33012	☐ Change ☒ Addition
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	Perez Schael, Carlos	
STREET ADDRESS			STREET ADDRESS	581 W. 49th Street	
CITY-ST-ZIP			CITY-ST-ZIP	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 #		

CITE034 (10/02)