

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90417 047 ***150.00

DOCUMENT # P99000041493

1. Entity Name
DON PAN CAKE DESIGN, 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 **65-0932691**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORENO, IGNACIO
 7622 S.W 129 PL.
 MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **ALEJANDRA C. Gorrin**
 Street Address (P.O. Box Number is Not Acceptable)
10574 NW 51st 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 if 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 51ST**
 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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP PRESIDENT**
 STREET ADDRESS **CARMEN POLO DE GORRIN**
 CITY-ST-ZIP **10574 NW 51st Street Miami, FL 33178**

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 all 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)