

9/18/00-90021-021-\$550.00-\$550.00

**DOCUMENT # P99000078696**

1. Entry Name

**PANFORTE, INC.****FILED****00 OCT -2 PM 2:16****SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**12711 W SUNRISE BLVD  
SUNRISE FL 33323**

Mailing Address

**12711 W SUNRISE BLVD  
SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**05-0956032**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GORRIN, ALEJANDRA C  
10574 NW 51 STREET  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 re-electing)

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 \$850.00  
After SEPTEMBER 13, 2000 Mtn. will be \$750.00  
State 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GORRIN, JUAN</b><br><b>10574 NW 51ST STREET</b><br><b>MIAMI FL 33178</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GORRIN, ALEJANDRA C</b><br><b>10574 NW 51ST STREET</b><br><b>MIAMI FL 33178</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ALVAREZ, CARLOS</b><br><b>566 STONEMONT DRIVE</b><br><b>WESTON FL 33326</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                  |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENTE</b><br><b>JUAN GORRIN</b><br><b>10574 NW 51ST</b><br><b>MIAMI FL 33178</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY</b><br><b>ALEJANDRA C GORRIN</b><br><b>10574 NW 51ST</b><br><b>MIAMI FL 33178</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURY</b><br><b>CARLOS ALVAREZ</b><br><b>566 STONEMONT DRIVE</b><br><b>WESTON FL 33326</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 employees.

SIGNATURE:

**SIGNATURE OF ALEJANDRA GORRIN 9/8/00 (305) 793-7100**

CR2004 (5/00)