

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000078696**

1. Entity Name

**PANFORTE, INC.****FILED****Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90033 039 \*\*\*150.00

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

**298 N. UNIVERSITY Dr.**

3. Mailing Address

**298 N. UNIVERSITY Dr**

Suite, Apt. #, etc.

**Pembroke Pines, FLORIDA**

Suite, Apt. #, etc.

**Pembroke Pines, FLORIDA**

City &amp; State

**33024 USA**

City &amp; State

**33024 USA**

Zip

Country

Zip

Country

4. FEI Number **65-0956032**

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 **CARLOS ALVAREZ**

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

**12711 W. SUNRISE BLVD****SUNRISE, FL****33323**

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 reinstating)

DATE

**03/22/01**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, 2001 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 **P** ☐ DeleteNAME **GORRIN, JUAN**  
STREET ADDRESS **10574 NW 51ST STREET**  
CITY-ST-ZIP **MIAMI FL 33178**TITLE **S** ☐ DeleteNAME **GORRIN, ALEJANDRA C**  
STREET ADDRESS **10924 NW 69 ST**  
CITY-ST-ZIP **MIAMI FL 33178**TITLE **T** ☐ DeleteNAME **ALVAREZ, CARLOS**  
STREET ADDRESS **566 STONEMONT DRIVE**  
CITY-ST-ZIP **WESTON FL 33326**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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

Date

Daytime Phone #

CR2E034 (10/00)