

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100758

1. Entity Name

DORAL PAN. INC. R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 042 ***150.00

Principal Place of Business

MIAMI

Mailing Address

7711 SW 40th ST

MIAMI, FL, 33155

2. Principal Place of Business

MIAMI

Suite, Apt. #, etc.

3. Mailing Address

7711 SW 40th ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL 33155

City & State

MIAMI, FL. 33155

4. FEI Number

1/1

Applied For

☒ Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLOS BARROS
5262 NW 114 Av #103
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

Carlos Barros

07/01/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 PRESIDENT ☐ Delete
NAME CARLOS ROS SANTOS BARROS
STREET ADDRESS 5262 NW 114 Av #103
CITY-ST-ZIP MIAMI FL, 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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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:

CARLOS BARROS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/00 (305)2617249

Date

Daytime Phone #

CR2E034 (9/99)