

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90138 042 ***150.00

DOCUMENT # P99000104153

1. Entity Name
ADPAN BROTHERS INC.



Principal Place of Business
4281 NW 145 ST
BUILDING 40
OPALOCKA FL 33054

Mailing Address
4281 NW 145 ST
BUILDING 40
OPALOCKA FL 33054



2. Principal Place of Business
6595 NW 36 ST

3. Mailing Address
6595 NW 36 ST

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.
209

☐ CHECK HERE IF MAKING CHANGES

City & State
VIRGINIA GARDENS, FL.

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VIRGINIA GARDENS, FL.

4. FEI Number **65-0966477**

Applied For
Not Applicable

Zip **33166** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANTOJA, ADALBERTO
4281 NW 145 ST. BLDG 40
OPALOCKA FL 33054

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME **PANTOJA, ADAN**
STREET ADDRESS **969 NORTHWEST 126 PATH**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PANTOJA, ADALBERTO**
STREET ADDRESS **10401 SOUTHWEST 142 COURT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Adan Pantoja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-03 (786) 265-5916

Date

Daytime Phone #

CR2E034 (10/02)