

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90087 015 \*\*\*150.00

**DOCUMENT # P99000109472**

1. Entity Name  
**PAN FACTORY CORP.**



Principal Place of Business  
**117 SE 2ND STREET  
UTRAMONT MALL  
MIAMI FL 33131**

Mailing Address  
**117 SE 2ND STREET  
UTRAMONT MALL  
MIAMI FL 33131**

2. Principal Place of Business

**117 SE 2ND STREET**

3. Mailing Address

**117 SE 2ND STREET**

Suite, Apt. #, etc.

**STORE # 15**

Suite, Apt. #, etc.

**STORE # 15**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

4. FEI Number

**65-0969122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOPEZ, DAVID G  
117 SE 2ND STREET  
UTRAMONT MALL  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

**117 SE 2ND STREET**

**STORE # 15**

City

**MIAMI**

FL

Zip Code

**33131**

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

**9.8.03**

**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

TITLE **D** ☐ Delete  
NAME **LOPEZ, DAVID G**  
STREET ADDRESS **117 SE 2ND STREET UTRAMONT MALL**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
NAME **GOMEZ, WALTER L**  
STREET ADDRESS **117 SE 2ND STREET UTRAMONT MALL**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **117 SE 2ND STREET STORE #15**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **117 SE 2ND STREET STORE #15**  
CITY-ST-ZIP **MIAMI FL 33131**

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  
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 affidavit, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9.8.03**

Date

**305 358 5850**

Daytime Phone #

CR2E034 (10/02)

Attachment  
90156136  
P99000109472

September 8, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report 2003

Sirs.

Attached check in the amount of 150.00 to cover the UBR 2003. Unfortunately this report arrive to the Ultramont Mall rental offices and no to our address, recently was call to our attention.

We apologize for the delay.

Cordially

David G. Lopez Director.