

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V56920**

1. Entity Name
THE PETIT PAN, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90174 022 ***158.75

Principal Place of Business
**3068 N.W. 72ND AVENUE
MIAMI FL 33122**

Mailing Address
**7233 CORAL WAY
SUITE 204
MIAMI FL 33155**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address **c/o J. WEST
P.O. BOX 652543**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL.

4. FEI Number **65-0355828**

Applied For
Not Applicable

Zip

Country

Zip
33265-2543

Country
U.S.A.

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

**BARRAZA, MYRNA
8505 N.W. 3RD LANE
#8
MIAMI FL 33126**

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **BARRAZA, MYRNA**
STREET ADDRESS **8505 NW 3RD LN. #8**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **TD** ☐ Delete
NAME **AHUMADA, XIMENA**
STREET ADDRESS **8505 NW 3RD LN. #8**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **VP** ☐ Delete
NAME **BARRAZA, JUAN**
STREET ADDRESS **3068 NW 72ND AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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: **X [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01
Date

Daytime Phone #

CR2E034 (10/00)