APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFURM BUSINESS REPURT (UBR)						_ AND				
DOCUMENT # L9800002059 1. Entity Name						FILED				
PAN AMERICAN-CARDEL GROUP, L.C.					00 APR 30 AM II: 27					
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
% CARLOS LOPEZ-CANTERA 2300 CORAL WAY, SUITE 111 MIAMI FL 33145		% CARLOS LOPEZ-CANTERA 2300 CORAL WAY. SUITE 111 MIAMI FL 33145-3511				18011011 210 1010 1 10111 00111	1844 - 1 844 - 18 44 - 18 44			
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number 65-0873163 Applied For Not Applicable						
Zip	Country	Zip	Zip Coun		5. Certi	5. Certificate of Status Desired \$5.00 Additional Fee Required			litional d	
 -	6. Name and Address of Current I	Registered Agent		Name	7. Name	e and Address of New	Registered A	gent		
DADE CORPORATE SERVICES 2300 CORAL WAY, SUITE 103					(P.O. Box N	P.O. Box Number is Not Acceptable)				
MIAMI FL						<u> </u>				
				City			FL	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	ered agent,	or both, in the State of F	Florida.		,	
SIGNATURE .									,	
- SIGNATORIE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	: Registere	Agent signature require	d when reinstati	ng)	DATE			
		FILE NO Make Check Pa		EE IS \$50.00 Department	of State					
9.	MANAGING MEMBE	BS/MEMBERS	10.			ADDITION	S/CHANGES			
TITLE	MGRM .	Delete	TITL			7.0011014		Change	Addition	
MAME STREET ADDRESS CITY-8T-ZIP	PAN AMERICAN LAND, INC. 2300 CORAL WAY, SUITE 111 MIAMI FL 33145			E ET ADDRESS - ST-ZIP						
TITLE	MGRM	☐ Delata	TITL	:				Chagger_	Addition	
NAME STREET ADDRESS	CARLOS J. RODRIGUEZ, INC.			E ET ADDRESS	8000032561783					
CITY-ST-ZIP	3255 N.W. 87TH AVENUE MIAMI FL 33172			- ST-ZIP		***	**50.00		×50.00	
TITLE NAME		Detate	TITLI					Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE		Celete	TITL					Change	Addition	
NAME STREET ADDRESS	·		NAM STRE	E et addre ss						
CITY-ST-ZIP			CITY	- 8T-ZIP						
TITLE NAME		Delate	TITLI					Change	Addition	
STREET ADDRESS	r		STRE	ET ADDRESS						
CITY- 81- ZIP		□ .		- 8T- 2(P				Change	Addition	
TITLE NAME		☐ Delete	TITL! NAM					™ Ameniko	rumuuu	
STREET ADDRESS CITY-SALZIP				ET ADDRESS - BT- ZIP						
11. I he aby of indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or water	this filing does not qualify for that my signature shall have empowered to execute this	the exe the same report as	mption stated in Selegal effect as if required by Char	ection 119. made unde oter 608, Flo	07(3)(i), Florida Statuter r oath; that I am a man orida Statutes.	s. I further certi aging member	fy that the ir or manage	nformation r of the	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGI G MEMBER OR MANAGER

Daytime Phone #