2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90106 029 ****55.00

DOCUMENT # L98000002059

1. Entity Name
PAN AMERICAN-CARDEL GROUP, L.C.

Principal Place of Business	Mailing Address
~~% CARLOS LOPEZ-CANTERA 2300 CORAL WAY. SUITE 111 MIAMI FL 33145~~	~~% CARLOS LOPEZ-CANTERA 2300 CORAL WAY. SUITE 111 MIAMI FL 33145~~

961222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2199 Ponce de Leon Blvd.		~~2199 Ponce de Leon~~	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State: Coral Gables, FL		City & State: Coral Gables, FL.	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number 65-0873163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DADE CORPORATE SERVICES 2300 CORAL WAY, SUITE 103 MIAMI FL 33145	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PAN AMERICAN LAND, INC. ~~2300 CORAL WAY, SUITE 111~~ ~~MIAMI FL 33145~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Pan American Land, Inc. 2199 Ponce de Leon Blvd. Suite 200 Coral Gables, FL. 33134 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARLOS J. RODRIGUEZ, INC. 3255 N.W. 87TH AVENUE MIAMI FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carlos Lopez-Cantera 4-30-02 (305) 858-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #