

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92181 011 ****55.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30069690

DOCUMENT # L98000002059					
1. Entity Name PAN AMERICAN-CARDEL GROUP, L.C.					
Principal Place of Business 2199 PONCE DE LEON BLVD 200 CORAL GABLES, FL 33134			Mailing Address 2199 PONCE DE LEON BLVD 200 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 DADE CORPORATE SERVICES 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☒ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	PAN AMERICAN LAND, INC.		NAME	CARLOS LOPEZ-CANTERA	
STREET ADDRESS	2199 PONCE DE LEON BLVD STE 200		STREET ADDRESS	2199 PONCE DE LEON BLVD, STE 200	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CARLOS J. RODRIGUEZ, INC.		NAME		
STREET ADDRESS	3255 N.W. 87TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 member or trustee authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE _____			CARLOS LOPEZ-CANTERA 4/29/03 5558		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

CR2E033 (10/02)