

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90010 034 \*\*\*550.00

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**DOCUMENT # P93000079128**

1. Entity Name  
**PAN OCEAN INTERNATIONAL, INC.**

Principal Place of Business <b>11903 S.W. 77TH TERRACE          MIAMI FL 33183</b>	Mailing Address <b>11903 S.W. 77TH TERRACE          MIAMI FL 33183</b>
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2. Principal Place of Business <b>10200 N.W. 25th STREET</b>	3. Mailing Address <b>SAME AS ABOVE</b>
Suite, Apt. #, etc. <b>SUITE-210</b>	Suite, Apt. #, etc.
City & State <b>MIAMI, FL 33172</b>	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0449269**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DADLANI, DEEPAK V**  
**11903 S.W. 77TH TERRACE**  
**MIAMI FL 33183**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DADLANI, DEEPAK V.</b> <b>11903 S.W. 77TH TERRACE</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DADLANI, NEETU</b> <b>11903 SW 77TH TERRACE</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** *9/7/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)