

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000053310

1. Entity Name

PAN AMERICAN DEVELOPMENT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2199 Ponce De Leon Blvd.

3. Mailing Address

2199 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

US

Zip

33134

Country

US

4. FEI Number

65-0744887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FLORIDA ANNUAL REPORT SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)

2300 CORAL WAY

SUITE 200

City

MIAMI

FL

Zip Code

33145

**DO NOT WRITE  
IN THIS SPACE**

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.

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

4-29-03

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD  
NAME LOPEZ-CANTERA, CARLOS C  
STREET ADDRESS 2199 Ponce De Leon Blvd., Suite 200  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200018453512  
05/07/03--01066--009 \*\*150.00

TITLE VSD  
NAME LARREA, LINDA  
STREET ADDRESS 2300 Cowal Way, Suite 200  
CITY-ST-ZIP Miami, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME LOPEZ-CANTERA, MARTA L.  
STREET ADDRESS 2199 Ponce De Leon Blvd., Suite 200  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 recipient, trustee, or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with no other line employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Carlos Lopez-Cantera, President

Date

Daytime Phone #

4/17/03

CR2E034B (12/01)