

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

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

05-05-2003 91451 023 \*\*\*150.00

DOCUMENT # P02000061434

1. Entity Name

Pan American Agency Corp.



**DO NOT WRITE IN THIS SPACE**

50147740

2. Principal Place of Business  
269 North University Dr.

3. Mailing Address

269 North University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite K

Suite K

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

Country

Zip

Country

33024

U.S.A.

33024

U.S.A.

4. FEI Number

04-3675646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Spiegel & Utrera, P.A.

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

1840 Southwest 22nd Street

4th Floor

City

Miami

FL

Zip Code

33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P/S/T/D  
NAME Medina, Vincent P.  
STREET ADDRESS 269 North University Drive  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)