

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405687

1. Entity Name

PAN AMERICAN FROZEN FOODS, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90092 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1496 N.W. 23 STREET  
P.O. BOX 420592  
MIAMI FL 33242-7592

1496 N.W. 23 STREET  
P.O. BOX 420592  
MIAMI FL 33242-0592

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 59-1407314

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNARRIZ, LAZARO  
1496 N.W. 23RD. ST.  
MIAMI FL 33142

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	MUNARRIZ, LAZARO R.	
STREET ADDRESS	12710 SW 34 STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HERRERA, EDUARDO	
STREET ADDRESS	1541 SW 126 PLACE	
CITY-ST-ZIP	MIAMI FL 33-1784	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUNARRIZ, RAQUEL	
STREET ADDRESS	12710 SW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	AVD	<input type="checkbox"/> Delete
NAME	MUNARRIZ, RICARDO	
STREET ADDRESS	9050 SW 57 TERR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	AVD	<input type="checkbox"/> Delete
NAME	ULLOA, ZENaida	
STREET ADDRESS	14342 SW 43 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	AVD	<input type="checkbox"/> Delete
NAME	DIAZ, RAQUEL	
STREET ADDRESS	12710 SW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

*LAZARO MUNARRIZ*

LAZARO MUNARRIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)