

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90052 002 ***150.00

DOCUMENT # 405687

1. Entity Name

PAN AMERICAN FROZEN FOODS, INC.

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 33242-7592**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MUNARRIZ, LAZARO R.	12710 SW 34 STREET	MIAMI FL 33175	<input type="checkbox"/>
VPT	HERRERA, EDUARDO	1541 SW 126 PLACE	MIAMI FL 331784	<input type="checkbox"/>
S	MUNARRIZ, RAQUEL	12710 SW 34 STREET	MIAMI FL 33175	<input type="checkbox"/>
AVD	MUNARRIZ, RICARDO	9050 SW 57 TERR.	MIAMI FL 33173	<input type="checkbox"/>
AVD	ULLOA, ZENaida	14342 SW 43 TERRACE	MIAMI FL 33175	<input type="checkbox"/>
AVD	DIAZ, RAQUEL	12710 SW 34 STREET	MIAMI FL 33175	<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)