2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

550757 **DOCUMENT #**

1. Entity Name

PAN AMERICAN SURVEYS, INC.



FILED

Principal Place of Business 13304 SW 128TH ST MIAMI FL 33186 US			Mailing Address 13304 SW 128TH ST MIAMI FL 33186 US							
2. Principal	Place of Business	3.	Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. FEI Number 59-1782914				Applied For Not Applicable	
			Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and A	stered Agent			7. Nam	ne and Address of Ne	w Registered	Agent		
				N	ame			-2		
COBB, RO	OSS H		Street Address			(P.O. Box Number is Not Acceptable)				
13304 SW	V 128TH ST			Street Address (P.O.			number is not Accepta	able)		
MIAMI FL	33186						**		••••	
				С	ity		- -	FI	Zip Coo	de
The above the obliga SIGNATURE	itions of registered ag	ent.	purpose of changing its	registered of	fice or register	ed agent,	or both, in the State of	Florida. I an	n familiar with	, and accept
ق ر	Signature, typed or printed	name of registered agent and title	if applicable. (NOT	E: Registered Ager	nt signature required	when reinstal	ting)	DATE		
åfte	FILE NOW!!! FEE or May 1, 2003 Fee k Payable to Florid		te		•		Election Campaign Trust Fund Contribu	-	\$5.0 Adde	00 May Be d to Fees
10.		OFFICERS AND DIRE	CTORS	11.		ADDIT	IONS/CHANGES TO C	OFFICERS AN	D DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COBB, ROSS H 13304 SW 128TH MIAMI FL 33186	I ST	☐ Delete	TITLE NAME STREET ADO CITY-ST-Z	I				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	- 1			•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1				☐ Change	☐ Addition
IITLE Name Street Adoress City-St-Zip	,		☐ Delete	NAME STREET ADD CITY-ST-ZI	l l				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	1		,	, u <u>-</u>	☐ Change	Addition
TITLE NAME STREET ADDRESS STY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIE	l l			.	Change	☐ Addition
12. I hereby of indicated of the corporated,	certify that the information this report or supportation or the receiver or on an attachment	ation supplied with this followers trusted by trustee erropowers with an address, with all	ing does not qualify for and accurate and that m d to execute this report a other like empowered.	the exemption signature says required by	n stated in Sec hall have the say Chapter 607,	ction 119.0 ame legal Florida St	07(3)(i), Florida Statute effect as if made unde tatutes; and that my na	s. I further ce er oath; that I ime appears	rtify that the ii am an officer in Block 10 or	nformation or director Block 11 if

SIGNATURE:

Wire required SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11-21-0) Date

305 235-7057

Daytime Phone #