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2002 UNIFORM	I BUSINESS	REPORT	(UBR)
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DOCUMENT # A0100000718 1. Entity Name			FILED			
SHIMA V	/., LŤD.				02 MAR 11 PM 3: 40	
Principal Place of Business Mailing Address 12864 BISCAYNE BLVD #183 12864 BISCAYNE BLVD #18 NORTH MIAMI FL 33181 NORTH MIAMI FL 33181		183		SECRETARY OF STATE TALLAHASSEE. FLORIDA		
				<u> </u>		
2. Principal Pl	2. Principal Place of Business 3. Mailing Address			* 100001 1031 0001 1031		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State	е	City & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
, 4 <u></u>	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
EITTGEDA	ALD TOHNE IR			Name		
FITZGERALD, JOHN E JR 581 NE 91 ST.			Street Address (O. Box Number is Not Acceptable)		
MIAMI SH	IORES FL 33138					
				City Miam	isheres FL Zip Code 73/38	
8. The above	named entity submits this statement for				red agent, or both, in the State of Florida.	
SIGNATURE _		* * ***	(Y)	tegerald	, Tr. 1/28/02	
9. Capital Contributions shown on records. \$42,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
as Showing	A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY N	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE.	
12.	GENERAL PARTNE		13.		nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000039099 PANCA, INC.		STR	EET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	9000051082395 -03/14/0201057003 ****382.75 **** 193.75	
DOCUMENT # NAME			STR	EET ADDRESS	382.75	
STREET ADDRESS CITY-ST-ZIP			7713	/-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CIT	r-ST-ZIP		
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						