

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010058 AT

DOCUMENT # A01000000730

1. Entity Name

PAN AMERICAN WEST, LTD.

FILED

02 MAY -1 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM



Principal Place of Business

% LINDA LARREA, P.A.  
2300 CORAL WAY, SUITE 111  
MIAMI FL 33145

Mailing Address

% LINDA LARREA, P.A.  
2300 CORAL WAY, SUITE 111  
MIAMI FL 33145

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

651107635

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.  
2300 CORAL WAY, SUITE 103  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

50,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PAN AMERICAN WEST, INC.  
% 2300 CORAL WAY, SUITE 111  
MIAMI FL 33145

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
800005505548--9  
05/13/02 01031 014  
\*\*\*\*535.00 \*\*\*\*535.00

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS  
CITY-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

SIGNATURE:

*[Signature]*  
CARLOS LOPEZ-CARRERA

4/24/02

305-858-559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE