

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001026**

1. Entity Name

PAN AMERICAN AT MERRICK PLAZA, LTD.

FILED
02 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA **BJM**



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.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

05126176

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000073982**
NAME **PAN AMERICAN PARTNERS, INC.**
STREET ADDRESS **2300 CORAL WAY, SUITE 111**
CITY-ST-ZIP **MIAMI FL 33145**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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:

Carlos Lopez-Camacho

Carlos Lopez-Camacho

Date

4/22/02

Daytime Phone #

305-878-5558

CR2E003 (9/01)