

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000805**

1. Entity Name

PRES-T-CON PAN AMERICA, LTD.

Principal Place of Business

**2925 N.W. 24 TERRACE
BOCA RATON FL 33431**

Mailing Address

**2925 N.W. 24 TERRACE
BOCA RATON FL 33431-6203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**WOOD, ANN F
2925 N.W. 24TH TERRACE
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FILED
00, JAN 27 AM 10:35

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0426837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. Capital Contributions
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

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 # **G71448**
NAME **SOUTHERN MODULAR SYSTEMS, INC.**
STREET ADDRESS **2925 N.W. 24TH TERRACE**
CITY - ST - ZIP **BOCA RATON FL 33431**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

np 1/28

STREET ADDRESS

CITY - ST - ZIP

000003110150-5
-02/01/00--01112--024
******141.25 ****141.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
SOUTHERN MODULAR SYSTEMS INC.

01/22/2000 561-483-7364

Date

Daytime Phone #

CR2E003 (9/99)