

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000367 AV

**DOCUMENT # A93000000805**1. Entity Name  
**PRES-T-CON PAN AMERICA, LTD.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JAN 22 PM 12:38

1/4/03

Principal Place of Business  
**2925 N.W. 24 TERRACE  
BOCA RATON FL 33431**Mailing Address  
**2925 N.W. 24 TERRACE  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**4. FEI Number **65-0426837**

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ann F. Wood 13/01/03 561-483-7364

Date

Daytime Phone #

CR2E003 (10/02)