## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9400000796						
1. Entity Name					FILED	
PAN AMERICAN AND ASSOCIATES LIMITED				00 JAN 24 PM 4: 18		
Principal Place of Business Mailing Address				CEORETARY OF STATE		
7439 EAST HILLSBOROUGH AVE. 7439 EAST HILLSBOROU TAMPA FL 33610 TAMPA FL 33610-4227			h ave.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
TAMPA FL 33610 TAMPA FL 33610-4227						
Principal Place of Business     3. Mailing Add		3. Mailing Address	Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City & State		City & State			4. FEI Number 59-3280215   Applied Fig.   Not Applied Fig.	
Zip	Country	Zip Country		ry	5 Cartificate of Status Decired \$8.75 Additional	
	6. Name and Address of Current	Registered Agent	<del></del> -	_=	7. Name and Address of New Registered Agent	
	o. Name and Address of Current	negistered Agent		Name	1. Hante and Address of Her Hegistered Agent	
LEVY, BUDDY J				Street Address (P.O. Box Number is Not Acceptable)		
7439 EAST HILLSBOROUGH AVE.			1			
TAMPA FL 33610			1			
			}	City	FL Zip Code	
9. Capital Co		and title if applicable. (NOTE: 1  10. Amount of Capital in FLORIDA to dat	Contrib		uired when reinstating)  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER T	HAT IS A BUSINESS ENT	ITY MU	JST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.	
12.	GENERAL PARTNER		13.	an amenum	ADDRESS CHANGES ONLY	
DOCUMENT#	DOCUMENT# P9400003600			TADORESS		
NAME STREET ADDRESS	PAN AMERICAN AND ASSOCIATES, INC. 7439 EAST HILLSBOROUGH AVE.			}_		
CITY-ST-ZIP	TAMPA FL 33610		CTY-S	ST-ZIP		
DOCUMENT#			STREE	T ADDRESS	000003113850	
NAME STREET ADDRESS			1	<del>                                     </del>	-01/28/000100800	
CITY-ST-ZIP			CITY	1	<sup>ホネネネ</sup> [4]。∠⊃ *****[4]。	
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NAME STREET ADDRESS	,		2007	~ <del> </del>	<u>()</u>	
CITY-ST-ZIP			LIIYA	ST-ZIP		
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STREET ADORESS			CITY-S	CT 710		
CTY-ST-ZIP			GIII-	21-DF		
DOCUMENT / NAME	•		STREE	TADDRESS		
STREET ADDRESS			CITY-S	CT 710		
CITY-ST-ZIP	   <del></del>					
DOCUMENT # ·	· 		STREE	T ADDRESS		
STREET ADDRESS			CITY-5	ST-ZIP		
CITY-ST-ZIP	· <u> </u>		┸			
14. I hereby of indicated the received	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi	this filing does not qualify for the that my signature shall have the streport as required by Chapte.	the exem ne same er 620, Fl	nption stated in legal effect as i lorida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the informati if made under oath; that I am a General Partner of the limited partnersh	

1/20 00 Date