

2002 UNIFORM BUSINESS REPORT (UBR)

0013019 AT

DOCUMENT # A98000000423

1. Entity Name

PAN AMERICAN ENTERPRISES LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -4 PM 2:17

Principal Place of Business

2109 PALM AVE., SUITE 203
TAMPA FL 33605

Mailing Address

2109 PALM AVE., SUITE 203
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-3494760

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

LEVY, BUDDY J

2109 PALM AVE., SUITE 202
TAMPA FL 33605

Name

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

2109 PALM AVE. SUITE 203

City

TAMPA, FL 33605

FL

Zip Code

33605

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.

\$1,850,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L02805
NAME PAN AMERICAN AVIATION, INC.
STREET ADDRESS 7439 EAST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL 33610

STREET ADDRESS 999 Ponce de Leon
CITY-ST-ZIP Coral Gables, FL 33134

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
600005234946-5
-04/10/02--01032--001
*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
600005234946--5
-04/10/02--01032--002
*****437.50 *****437.50

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/21/02 813-241-6441

CR2E003 (9/01)