

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000423**

1. Entity Name  
**PAN AMERICAN ENTERPRISES LIMITED**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 17 AM 10:01

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, 2003**

4. FEI Number **59-3494760**

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

**LEVY, BUDDY J**

**2109 PALM AVE., SUITE 202**

**TAMPA FL 33605**

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.

**\$1,850,000.00**

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 # **L02805**  
NAME **PAN AMERICAN AVIATION, INC.**  
STREET ADDRESS **999 PONCE DE LEON**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS **1201 BRICKELL AVENUE, SUITE 360**  
CITY-ST-ZIP **MIAMI FL 33131**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **900018465849**  
CITY-ST-ZIP **05/07/03--01105--012 \*\*437.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **900018465849**  
CITY-ST-ZIP **09/22/03--01086--005 \*\*88.75**

DOCUMENT #  
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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

**4/22/03**

Date

**305-416-4644**

Daytime Phone #

CR2E003 (10/02)

0013205 AT

STAPLE CHECK HERE