

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **F32643**

1. Entity Name

**PAN AMERICAN EQUITIES, INC.****FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90002 028 \*\*\*550.00

Principal Place of Business

**26725 TANGLEWOOD DR. 201 Shady  
P.O. BOX 951928 OAKS CL  
LAKE MARY FL 32795-1921 LAKE MARY  
FL 32746**

Mailing Address

**201 SHADY OAKS CIRCLE  
P.O. BOX 951928  
LAKE MARY FL 32795  
US**

2. Principal Place of Business

**201 Shady Oaks CL.**

3. Mailing Address

**201 SHADY OAKS CL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CU077073**

DO NOT WRITE IN THIS SPACE

City &amp; State

**LAKE MARY FL**

City &amp; State

**LAKE MARY FL**

4. FEI Number

**59-2134613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VERGARA, MARCO A  
342 HANGING MASS CIRCLE  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VERGARA, LUIS E	201 SHADY OAKS CIRCLE	LAKE MARY FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Luis E Vergara 8/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0048577

CR2E034 (10/00)