02-03-2003 90054 007 ***150.00

FILED 2003 FOR PROFIT CORPORATION Feb 03, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR)

G94170 **DOCUMENT#**

1. Entity Name

PAN AMERICAN RESOURCES, INC.

					GOO WE THE	/	
Principal Place of Business 2109 PALM AVE SUITE 202 TAMPA FL 33605			Mailing Address 2109 PALM AVE SUITE 202 TAMPA FL 33605			Anntarro	8.0.
2. Principal Place of Business			3. Mailing Address				Ш
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FEI Number 59-2395178 Applied For Not Applied	
Zip		Country	Zip	Co	ountry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Currer	Registered Agent			7. Name and Address of New Registered Agent	\neg
					Name		$\neg \neg$
CLARE, JIM R 2109 PALM AVE., STE 202					Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL		L CU2	•				\dashv
					City	FL Zip Code	
	named entity ons of regist		for the purpose of cha	anging its regis	stered office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and acce	ept
SIGNATURE _	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Regis	stered Agent signature requ	equired when reinstating) DATE	
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department	I			9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fees	
10.	···	OFFICERS AN	D DIRECTORS	1	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\neg \neg$
TITLE NAME STREET ADDRESS	CLARE, JI 7439 E HI	M R. LLSBOROUGH AVE	□ D	elete	TITLE . NAME STREET ADDRESS	☐ Change ☐ Addi	lition
TITLE	TAMPA FL	. 33610	□ D	elete	CITY-ST-ZIP TITLE	☐ Change ☐ Addi	lition
NAME STREET ADDRESS CITY-ST-ZIP					NAME Street Address City-St-Zip		
TITLE NAME STREET ADDRESS			D		TITLE NAME STREET ADDRESS	☐ Change ☐ Addi	ition
TITLE NAME STREET ADDRESS		<u> </u>	· D ₁	elete 10-1	CITY-ST-ZIP TITLE NAME STREET ADDRESS	- Change Addi	ition
CITY-ST-ZIP TITLE			D.		CITY-ST-ZIP	☐ Change ☐ Addi	ition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATUR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition