

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90047 002 ***150.00

DOCUMENT # J81674

1. Entity Name

PAN AMERICAN DELIVERY SERVICE, INC.

Principal Place of Business

**9401 NW 109 ST
BAY 1
MEDLEY FL 33178
US**

Mailing Address

**9401 NW 109 ST
BAY 1
MEDLEY FL 33178
US**

2. Principal Place of Business

2954 W. 84 ST.

3. Mailing Address

2954 W. 84 ST.

Suite, Apt. #, etc.

BAY # 1

Suite, Apt. #, etc.

BAY # 1

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33018

Country

MIAMI-DADE

Zip

33018

Country

MIAMI-DADE

4. FEI Number

65-0009098

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

**RUANO, FERNANDO
1295 SW 143 PLACE
MIAMI FL 33184**

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **RUANO, FERNANDO**
CITY-ST-ZIP **9405 NW 109 STREET, BAY 1
MEDLEY FL 33178**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2954 W. 84 St, BAY 1**
CITY-ST-ZIP **HIALEAH, FL. 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

FERNANDO RUANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2
Date

(305) 820-1090

Daytime Phone #

CR2E034 (9/01)