


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 04, 2003 8:00 am
Secretary of State

08-11-2003 90276 031 ***550.00

DOCUMENT # J83035			
1. Entity Name PANAMERICAN BANK			
Principal Place of Business 3475 SHERIDAN STREET HOLLYWOOD FL 33021-3607 US		Mailing Address P.O. BOX 6699 HOLLYWOOD FL 33081-0699 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARPER, FLOYD D 3475 SHERIDAN ST HOLLYWOOD FL 33021		Name ALFREDO BARREIRO Street Address (P.O. Box Number is Not Acceptable) PANAMERICAN BANK 3475 Sheridan Street City Hollywood FL Zip Code 33021	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) VP CONTROLLER	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: CASTRO, HUGO A STREET ADDRESS: 8197 W. 14 COURT CITY-ST-ZIP: MIAMI LAKES FL 33014	<input type="checkbox"/> Delete	TITLE: PD NAME: HUGO A. CASTRO STREET ADDRESS: 2770 SW 27 Avenue CITY-ST-ZIP: Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD NAME: MARINELLO, LEONARD F STREET ADDRESS: 600 NE 101 STREET CITY-ST-ZIP: MIAMI SHORES FL 33138	<input type="checkbox"/> Delete	TITLE: CD NAME: LEONARD MARINELLO STREET ADDRESS: 2770 SW 27 Avenue CITY-ST-ZIP: Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: VALLE, ALBERTO STREET ADDRESS: 7709 W. 15 AVE CITY-ST-ZIP: MIAMI FL 33014	<input type="checkbox"/> Delete	TITLE: D NAME: ALBERTO VALLE STREET ADDRESS: 2770 SW 27 Avenue CITY-ST-ZIP: Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MARLOWE, G C STREET ADDRESS: 2685 NW 29 AVE CITY-ST-ZIP: BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: MICHAEL GOLDEN STREET ADDRESS: 3475 Sheridan Street CITY-ST-ZIP: Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MODDER, PHILIP C. STREET ADDRESS: 1135 SW 21ST STREET CITY-ST-ZIP: BOCA RATON FL 33488	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: JAMES PARTRIDGE STREET ADDRESS: 2770 SW 27 Avenue CITY-ST-ZIP: Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BUTLER, TIMOTHY S STREET ADDRESS: 151 DEER TRACK RUN CITY-ST-ZIP: LAKEMONT GA 30552	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: STEPHEN L PERRONE STREET ADDRESS: 2770 SW 27 Avenue CITY-ST-ZIP: Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 8/5/03 Daytime Phone #: 305-448-6888	

CR2E034 (4/03)

Attachment

550556083

#J83035

from the desk of ...

HUGO A. CASTRO

Please add additional
Directs.

Nelson Farnadas

2770 SW 27 AVE

MIAMI FL 33133

Pan American Bank

FEI#59-2688123 Document #J83035