

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90013 022 ***150.00

DOCUMENT # L02805

1. Entity Name

PAN AMERICAN AVIATION, INC.

Principal Place of Business

2109 PALM AVE., SUITE 202
 TAMPA FL 33605

Mailing Address

2109 PALM AVE., SUITE 202
 TAMPA FL 33605

00043061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3050027

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)

2109 Palm Ave. Suite 203

City Tampa

FL

Zip Code 33605

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 ESTRADA, ALFRED
 STREET ADDRESS 7439 E. HILLSBOROUGH AVE
 CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 999 Ponce de Leon Suite 600
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete
 NAME LEVY, BUDDY J.
 STREET ADDRESS 7439 E. HILLSBOROUGH AVE
 CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 2109 Palm Ave. Suite 203
 CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 813-241-6441
 Date Daytime Phone #

CR2E034 (9/01)