

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90041 033 ***150.00

DOCUMENT # L71458

1. Entity Name
PAM FOODS, INC.

Principal Place of Business

**1015 S UNIVERSITY DR
 PLANTATION FL 33324**

Mailing Address

**1015 S UNIVERSITY DR
 PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0192886

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

**FREDERICK DRATH
 1015 S. UNIVERSITY DRIVE
 PLANTATION FL 33324**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PSTD**
 STREET ADDRESS **DRATH, FREDERICK**
 CITY-ST-ZIP **1015 S UNIVERSITY DR
 PLANTATION FL**

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
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 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:

Frederick Drath
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2001, 954 472 0157
 Date Daytime Phone #

CR2E034 (5/01)

Attachment # L 71458

C 6073968

STEVEN R. BOMSER, C.P.A., P.A.

7540 N.W. 5th Street, Suite 1 • Plantation, Florida 33317
954-791-7997 • fax 954-791-7160 • sbomser@aol.com

FLORIDA DEPARTMENT OF STATE

JULY, 20, 2001

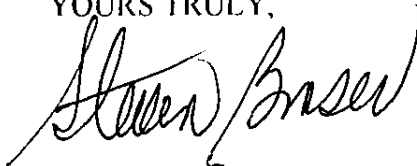
GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORM FOR PAM FOODS, INC. THE ORIGINAL FORM WAS NOT RECEIVED AND THEY HAVE ALWAYS PAID ON A TIMELY BASIS.

THESE FORMS WERE OBVIOUSLY LOST IN THE MAIL. WE HAVE ENCLOSED CHECKS FOR \$ 150.00 EACH. KINDLY ACCEPT THESE AS THEY WERE FILED TIMELY

THANK YOU FOR YOUR COOPERATION

YOURS TRULY,



STEVEN BOMSER