

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010829 AF

DOCUMENT # L95000000598

1. Entity Name  
PANLAND, L.C.

Principal Place of Business

2330 NW 102 AVE  
#1  
MIAMI FL 33172

Mailing Address

2330 NW 102 AVE  
#1  
MIAMI FL 33172

FILED

01 JAN 31 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 65-0612899

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, CARLOS A  
1200 BRICKELL AVE  
SUITE 1440  
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BETANCOURT, GUILLERMO B ☐ Delete  
STREET ADDRESS 8216 SW 81 TERR  
CITY-ST-ZIP MIAMI FL 33143

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

TITLE NAME MGRM SOLER, JUAN A ☐ Delete  
STREET ADDRESS 867 GARNET CIRCLE  
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003656932-3  
CITY-ST-ZIP -02/08/01--01007--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM CASTRO, CARLOS A ☐ Delete  
STREET ADDRESS 1200 BRICKELL AVE STE 1440  
CITY-ST-ZIP MIAMI FL

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Guillermo Bello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

January 25, 2001

Daytime Phone #

(305) 592 2041

CR2E083 (11/00)