

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 25, 2000 08:00 AM
Secretary of State

DOCUMENT # M97000000759

1. Entity Name
PAN AMERICAN INFORMATION SERVICES LLC

Principal Place of Business 9737 N SPRINGS WAY CORAL SPRINGS FL 33076	Mailing Address 9737 N SPRINGS WAY CORAL SPRINGS FL 33076
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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 65-0747401
Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELIAS LAWRENCE
9737 N SPRINGS WAY

CORAL SPRINGS FL 33076 US

7. Name and Address of New Registered Agent

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 _____ DATE 05/25/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ELIAS KATHLEEN	
STREET ADDRESS	9737 N SPRINGS WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ELIAS LAWRENCE	
STREET ADDRESS	9737 N SPRINGS WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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.