

# 2000 UNIFORM BUSINESS REPORT (UBR)

0018779

**DOCUMENT # N93000000386**

1. Entity Name

**PANAMA SOBERANA CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 AM 10: 08

Principal Place of Business

Mailing Address

12144 PILOT COURT  
ORLANDO FL 32828

12144 PILOT COURT  
ORLANDO FL 32828-9154

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

59-3170798

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

TAYLOR, ROBERTO L  
12144 PILOT COURT  
ORLANDO FL 32828

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, AIDONE	
STREET ADDRESS	12144 PILOT OFORE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVOC	<input type="checkbox"/> Delete
NAME	ROBINSON, FRED	
STREET ADDRESS	6610 GULFVIEW AVENUE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUCKONCHANG, CARLOS	
STREET ADDRESS	12131 CALABOOSE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERTO	
STREET ADDRESS	12144 PILOT COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DVOC	<input type="checkbox"/> Delete
NAME	SHOWGREEN, GILBERTI	
STREET ADDRESS	195 STILLWATER DRIVE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, MARY	
STREET ADDRESS	12144 PILOT COURT	
CITY-ST-ZIP	ORLANDO FL	

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

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)