

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90141 016 ***158.75

DOCUMENT # P00000079007

1. Entity Name
PAN AM WIRELESS CORP.

Principal Place of Business

4698 N W 103RD AVE
SUNRISE FL 33351

Mailing Address

4698 N W 103RD AVE
SUNRISE FL 33351

2. Principal Place of Business

4698 NW 103RD AVE
 Suite, Apt. #, etc.

3. Mailing Address

4698 N.W. 103RD AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-1074243

Applied For

Not Applicable

Zip

Country

33351

U.S.A.

Zip

Country

33351

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNNE, GERALD M
4698 N W 103RD AVE
SUNRISE FL 33351

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

[Signature] **GERALD M. DUNNE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **Jan 20, 2002**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DUNNE, GERALD M	
STREET ADDRESS	4698 N W 103RD AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OTTENS, SONYA M	
STREET ADDRESS	1035 S FEDERAL HWY # 202	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, JACQUELINE	
STREET ADDRESS	5 DIXON WOODS	
CITY-ST-ZIP	HONEOYE FALLS NY 14472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACGREGOR, MURDOCH	
STREET ADDRESS	5 DEERFIELD RD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DUNNE, MALCOLM P A	
STREET ADDRESS	BOSCABELL JAMAICA	
CITY-ST-ZIP	WEST INDIES	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, JACQUELINE	
STREET ADDRESS	5 DIXON WOODS	
CITY-ST-ZIP	HONEOYE FALLS NY 14472	
TITLE	V.P. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD M. DUNNE	
STREET ADDRESS	16500 N.W. 7TH AVE STE 301	
CITY-ST-ZIP	MIAMI, FL. 33169	
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		

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] **JACQUELINE PARKS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02
 Date

305-628-9082
 Daytime Phone #

CR2E034 (9/01)