5/27

FILED
Jul 31, 2002 8:00 am
Secretary of State
05-27-2002 90434 006 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P00000084678

1. Entity Name

PANAMERICAN POWER CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1876 N University Dr	1876 N University Dr
Suite, Apt. #, etc. 101-Y	Suite, Apt. #, etc. Suite 101-D
City & State PLANTATION - FL	City & State PLANTATION - FL
Zip 33322 Country BROWARD	Zip 33322 Country BROWARD

4. FEI Number 65-1061600 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

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7. Name and Address of Current 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 Carlos Pulido 04/18/2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	Carlos Pulido
STREET ADDRESS	4215 N. University Dr. - Bldg 2
CITY-ST-ZIP	Apt 109 - Sunrise, FL 33351
TITLE	Vice President
NAME	Rosario Pulido - Apt-109
STREET ADDRESS	4215 N. University Dr. -
CITY-ST-ZIP	Secretary. Sunrise, FL
TITLE	
NAME	Angelica Pulido 33351
STREET ADDRESS	4215 N. University Dr.
CITY-ST-ZIP	Apto 109 Bldg 2 Sunrise, FL 33351.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Pulido 4/18/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

N
Ju
82-
Suite 258
Sunrise, FL 33313
Ph. 954-316 8222

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