

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91469 014 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # P01000045539**

1. Entity Name  
**PAN AMERICAN INVESTMENTS GROUP, INC.**



Principal Place of Business  
**126 HIALEAH DRIVE  
HIALEAH FL 33010**

Mailing Address  
**126 HIALEAH DRIVE  
HIALEAH FL 33010**

2. Principal Place of Business  
**17431 NE 19 AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**17431 NE 19 AVE**  
Suite, Apt. #, etc.

City & State  
**MIAMI BEACH**

City & State  
**MIAMI BEACH**

Zip Country  
**33162 USA**

Zip Country  
**33162 USA**

4. FEI Number **65-1114232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEON, GEIDY  
126 HIALEAH DRIVE  
HIALEAH FL 33010**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Geidy Leon*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **April 20/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEON, GEIDY</b>	
STREET ADDRESS	<b>7601 EAST TREASURE DRIVE NO. 1203</b>	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, SARA H</b>	
STREET ADDRESS	<b>1275 MARSEILLES DRIVE NO. 136</b>	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FU, FRANCISCO</b>	
STREET ADDRESS	<b>1275 MARSEILLES DRIVE NO. 136</b>	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ SARA H</b>	
STREET ADDRESS	<b>17431 NE 19 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH 33162</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FU FRANCISCO</b>	
STREET ADDRESS	<b>17431 NE 19 AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH 33162</b>	
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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #