## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am § Secretary of State P01000074620 DOCUMENT # 1. Entity Name 05-27-2002 90274 037 \*\*\*150 00 PAN AMERICAN TECHNOLOGY CORPORATION Principal Place of Business Mailing Address 3440 HOLLYWOOD 8LVD STE 360 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.- Name and Address of New Registered Agent ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 Zip Code ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE nature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ARANCIBIA, JORGE H NAME NAME CLUB DE CAMPO SAN DIETO 1744 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PROVINCIA DE BUENOS AIRES AR CITY-ST-ZIP **VSD** Delete TITLE Change Addition NAME ARANCIBIA, ANA M NAME CLUB DE CAMPO SAN DIETO 1744 STREET ADDRESS STREET ADDRESS PROVINCIA DE BUENOS AIRES AR CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS 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 address, with all ther like empowered.

SIGNATURE:

CITY-ST-7/P

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 954-322-4280

FILED