

# 2002 UNIFORM BUSINESS REPORT (UBR)

AMEND  
APPROVAL  
AND  
FILED

02 AUG -9 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03038**

1. Entity Name **TRANSPORTES AEREOS MERCANTILES PANAMERICANOS, S.A.**

Principal Place of Business Mailing Address

**1650 N.W. 66th Avenue Building 708; Suite 206 Miami, FL 33152** **P.O. Box 524235 Miami, FL 33152-4235**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

*[Handwritten Signature]*

4. FEI Number **591908878** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**Jarvis, James W. Esq.**  
**Jarvis & Associates, P.A.**  
**The Atrium, 1500 San Remo, Suite 145**  
**Coral Gables, FL 33146**

7. Name and Address of New Registered Agent

Name **Pedro Pulido**

Street Address (P.O. Box Number is Not Acceptable) **1650 N.W. 66th Avenue**

**Building 708; Suite 206**

City **Miami** FL Zip Code **33152**

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 *[Handwritten Signature]* DATE **07/18/02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	Jacobsen, Fred	
STREET ADDRESS	CRA 76 No., 34A 61	
CITY-ST-ZIP	Medallin, Columbia	
TITLE	CS	<input type="checkbox"/> Delete
NAME	Palacio, Adriana	
STREET ADDRESS	CRA 76 No. 34A-61	
CITY-ST-ZIP	Medallin, Colombia	
TITLE	M	<input type="checkbox"/> Delete
NAME	Pulido, Pedro	
STREET ADDRESS	1650 NW 66th Avenue, Bldg. 708, #206	
CITY-ST-ZIP	Miami, Florida 33152	
TITLE	D	<input type="checkbox"/> Delete
NAME	Villegas, Carlos I.	
STREET ADDRESS	CRA 76 No. 34A-61	
CITY-ST-ZIP	Medallin, Colombia	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cuellar, Liborio	
STREET ADDRESS	CRA 76 NO	
CITY-ST-ZIP	Cedellin CO 34A-6	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobsen, Frederik	
STREET ADDRESS	1650 NW 66th Av., Bldg. 708, #206	
CITY-ST-ZIP	Miami, Florida 33152	
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palacio, Adriana	
STREET ADDRESS	1650 NW 66th Av., Bldg. 708, #206	
CITY-ST-ZIP	Miami, Florida 33152	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Villegas, Carlos I.	
STREET ADDRESS	1650 NW 66th Av., Bldg. 708, #206	
CITY-ST-ZIP	Miami, Florida 33152	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cuellar, Liborio	
STREET ADDRESS	1650 NW 66th Av., Bldg. 708, #206	
CITY-ST-ZIP	Miami, Florida 33152	

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: *[Handwritten Signature]* DATE: **July 30, 2002** DAYTIME PHONE #:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Holland & Knight LLP  
Requester's Name

315 So. Calhoun Street  
Address

425-5675  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

P03038

1. Transportes Aereos Mercantiles Panamericanos, S.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time DP

Certified Copy

Mail out

Will wait

Photocopy

Certificate of State

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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Examiner's Initials