

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90001 025 \*\*\*150.00

**DOCUMENT # P94000084691**

1. Entity Name

**PAN CARIBBEAN DEVELOPMENT CO.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9431 JOHNSON ST.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**PEMBROKE PINES**

City & State

**FLORIDA**

Zip

**33024**

Country

Zip

Country

4. FEI Number

**65-0532907**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$500.00**

**Amended UBR is \$65.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
PARSONS, JACK SR.  
9431 JOHNSON ST.  
pembroke pines, FLORIDA, 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment  
Doc # 94000084691

PAN CARIBBEAN DEVELOPMENT CO.  
9431 JOHNSON ST.  
PEMBROKE PINES  
FLORIDA, 33024  
PH - 954-435-1163 FAX - 954-437-7984  
JACKPINES@BELLSOUTH.NET

6/7/04

FLORIDA DEPT. OF STATE

THE REASON THAT THIS FEE IS LATE IS DUE TO NOT RECEIVING  
A NOTICE AS USUAL EVERY YEAR AROUND FEB OR MARCH WHICH  
GIVES ME TIME TO MAKE THE PAYMENT. AFTER REALIZING THAT I  
WAS LATE I CALLED THE DEPARTMENT THAT WAS RESPONSIBLE AND  
THEY INSTRUCTED ME TO SEND A SHORT LETTER EXPLAINING THIS  
BECAUSE THEY ONLY SENT OUT POST CARDS THIS YEAR AND SOME  
PEOPLE DID NOT RECEIVE THEM.

THANK YOU FOR YOUR'RE COOPERATION

I REMAIN

  
JACK W. PARSONS SR  
PRESIDENT