

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008211

1. Entity Name

PAN AMERICAN FREIGHT CONSOLIDATORS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90023 048 ***150.00

Principal Place of Business

Mailing Address

8518 N.W. 66TH STREET
 MIAMI FL 33166
 US

8518 N.W. 66TH STREET
 MIAMI FL 33166-2635
 US

040041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fla

Miami, Fla

Zip

Country

Zip

Country

33166

USA

33166

USA

4. FEI Number

65-0723707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENAO, LUCIA P.
 11709 S.W. 95TH STREET
 MIAMI FL 33186

Name

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

8025 SW 107 AVE

City

Miami

FL

Zip Code

33173

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPST
 HENAO, LUCIA
 8518 N.W. 66TH STREET
 MIAMI FL 33166 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3/D/S
 BEATRIZ HENAO
 8025 SW 107 AVE
 MIAMI, FL 33173 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BEATRIZ HENAO, PR. 4/10/00 (305) 5979070

CR2E034 (9/99)