2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Feb 21, 2000 8:00 am Secretary of State DOCUMENT # **P97000014449** 1. Entity Name PAN AM LIQUIDATING CORP. 02-21-2000 90016 006 ***158.75 Principal Place of Business Mailing Address 200 SOUTH BISCAYNE BLVD. 8578 N.W. 23RD STREET **BLDG. 18 (BEACON CENTER)** SUITE 900 MIAMI FL 33131-2329 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0830472 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUZINSKI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) **%DEVELOPMENT SPECIALISTS, INC.** 200 SOUTH BISCAYNE BLVD., #900 MIAMI FL 33131 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition LUZINSKI, JOSEPH J NAME NAME 200 SOUTH BISCAYNE BLVD., SUITE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131-2321 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-= ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE DULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 an address, with all other like empowered.