

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039279

1. Entity Name
PAMEGA CORP.

Principal Place of Business
104 CRANDON BLVD
SUITE 421-C
KEY BICAYNE FL 33149

Mailing Address
104 CRANDON BLVD
SUITE 421-C
KEY BICAYNE FL 33149

2. Principal Place of Business
104 CRANDON BLVD

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 417

Suite, Apt. #, etc.

City & State
KEY BISCAYNE

City & State

Zip
33149

Country
USA

Zip

Country

4. FEI Number
65-0749492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
PARDO, MARIO
Street Address (P.O. Box Number is Not Acceptable)
104 CRANDON BLVD
SUITE 417
City
KEY BISCAYNE FL Zip Code
33149

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PARDO, MARIO R
104 CRANDON BLVD, 421-C
KEY BICAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MEILAN, CARLOS A
104 CRANDON BLVD, 421-C
KEY BICAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MIRABELLA, GANDOLFO
104 CRANDON BLVD, 421-C
KEY BICAYNE FL 33149 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/21/01 Daytime Phone # 12 M

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90044 044 ***550.00

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DO NOT WRITE IN THIS SPACE

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