

# 2008 UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 16 AM 10:15

ATX1

DOCUMENT # P97000102874

1. Entity Name

Panamerican Financial Group.

Principal Place of Business

6595 NW 36 STREET  
SUITE 113  
MIAMI, FL  
33166

Mailing Address

6595 NW 36 STREET  
SUITE 113  
MIAMI, FL  
33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0797912

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

300020046353  
05/28/03--01076--001 \*\*150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISTER ROBERTO NATALI, JR  
18 DE LEON DR  
MIAMI, FL 33166

Name

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

City

FL

Zip Code

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) ☒

10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
LISTER ROBERTO NATALI JR  
18 DE LEON DR.  
MIAMI, FL 33166 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
Lister Roberto Natali Jr  
1029 Westward Drive  
Miami Springs, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 265-9119

CRE034 (9/98)

915122