

1082

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

DOCUMENT # P99000023912
1. Entity Name
PANAMERICAN UNLIMITED, INC.



FILED

03 SEP 11 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
961 SW 119 PLACE
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33184
Country

3. Mailing Address
961 SW 119 PLACE
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33184
Country

600023278016
09/23/03--01037--024 **600.00
DO NOT WRITE IN THIS SPACE 02-03

4. FEI Number 65-0915562
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DELFINA CRUZ
Street Address (P.O. Box Number is Not Acceptable)
961 SW 119 PLACE
City MIAMI FL Zip Code 33184

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P/D CLAUDIO CROVETTO DI SCALA 961 SW 119 PLACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D DELFINA CRUZ 961 SW 119 PLACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D RAUL CALLER CHEPOTE 961 SW 119 PLACE MIAMI, FL 33184
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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: Delfina Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR20348 (12/02)

20f2

**TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314**

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE CHANGED MY PRINCIPAL AND MAILING ADDRESS.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


DELFINA CRUZ
T/D