2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State DOCUMENT # **P99000024955** 1. Entity Name PAMPA MOTORS, INC. 02-05-2000 90019 043 ***150.00 Principal Place of Business Mailing Address 13155 IXORA COURT 13155 IXORA COURT 0074700 NORTH MIAMI FL 33181-2335 NORTH MIAMI FL 33181 2. Principal Place of Business sw 8⁴st 3160 DO NOT WRITE IN THIS SPACE MAHI 'IIAMI Applied For 5-090 DeIDA Not Application Country UV Country \$8.75 Additional 5. Certificate of Status Desired Fee Required EE (6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOREITER, PABLO A Street Address (P.O. Box Number is Not Acceptable) 13155 IXORA COURT #806 NORTH MIAMI FL 33181 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. 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 10. Election Campaign Financing *\$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. U FOREITER PABLO A. Change TITLE Delete TITLE FOREITER, PABLO A NAME 13155 IXORA COURT #806 NAME STREET ADDRESS STREET ADDRESS 13155 IXORA COURT NORTH MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33181 FOREITER EIIZABETH N. ACCOUNT #806 ☐ Addition ☐ Delete TITLE TITLE FOREITER, ELIZABETH N NAME NAME STREET ADDRESS H3155 IXORA COURT STREET ADDRESS NORTH HIAMI TCL 33181 CITY-ST-7IP CITY-ST-ZIP-NORTH MIAMI FL 33181 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Change Addition TITLE α. NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR