

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042319

1. Entity Name

PAN AMERICAN GLOBAL EXCHANGE, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90018 050 ***150.00

Principal Place of Business

NEW WORLD TOWER
100 NORTH BISCAYNE BOULEVARD, SUITE 2904
MIAMI FL 33132

Mailing Address

NEW WORLD TOWER
100 NORTH BISCAYNE BOULEVARD, SUITE 2904
MIAMI FL 33132

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 65-0378975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ-CANOSA, RICHARD
NEW WORLD TOWER
100 NORTH BISCAYNE BOULEVARD, SUITE 2904
MIAMI FL 33132

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 *Richard Perez-Canosa*

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLACE, JOHN J SR	
STREET ADDRESS	93RD STREET, #2	
CITY-ST-ZIP	STONE HARBOR NJ 08247	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, ADRIEN JD	
STREET ADDRESS	1505 SW 25TH ROAD, APT 14D	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEREZ-CANOSA, RICHARD	
STREET ADDRESS	610 SAN JUAN DRIVE NEW WORLD TOWER	
CITY-ST-ZIP	CORAL GABLES FL 33143 100 NORTH BISCAYNE	
TITLE		<input type="checkbox"/> Delete
NAME	Suite 2904, Miami, FL	
STREET ADDRESS	-33132-	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)