

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90026 019 \*\*\*550.00

**DOCUMENT # P99000079089**

1. Entity Name  
**PAN ATLANTIC CARRIER SERVICES, INC.**

Principal Place of Business  
 2150 NW 70TH AVENUE  
 MIAMI FL 33122

Mailing Address  
 2150 NW 70TH AVENUE  
 MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEJ Number 65-0325676		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
ROBINSON, WESLEY M ESQ 501 BRICKELL KEY DRIVE, SUITE 504 MIAMI FL 33131				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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$550.00**  
 After SEPTEMBER 13, 2000 Min. 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAIZ, CARLOS M			NAME			
STREET ADDRESS	12 CALLE 1-80, ZONA 9			STREET ADDRESS			
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ANIBAL			NAME			
STREET ADDRESS	12 CALLE 1-80, ZONA 9			STREET ADDRESS			
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORENO, MARIA DOLORES			NAME			
STREET ADDRESS	12 CALLE 1-80, ZONA 9			STREET ADDRESS			
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRADE, RICARDO			NAME			
STREET ADDRESS	12 CALLE 1-80, ZONA 9			STREET ADDRESS			
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIU, MARIO			NAME			
STREET ADDRESS	12 CALLE 1-80, ZONA 9			STREET ADDRESS			
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, MICHAEL P			NAME			
STREET ADDRESS	2150 NW 70TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33122			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)(j), 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: *Michael P. McCarthy* Michael P. McCarthy 305 913 0325  
 07/14/2000 Daytime Phone #

CR2E034 15/001