

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90038 033 \*\*\*158.75

**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**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0325676**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAIZ, CARLOS M</b> <b>12 CALLE 1-80, ZONA 9</b> <b>GUATEMALA CITY, GUATEMALA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, ANIBAL</b> <b>12 CALLE 1-80, ZONA 9</b> <b>GUATEMALA CITY, GUATEMALA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORENO, MARIA DOLORES</b> <b>12 CALLE 1-80, ZONA 9</b> <b>GUATEMALA CITY, GUATEMALA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDRADE, RICARDO</b> <b>12 CALLE 1-80, ZONA 9</b> <b>GUATEMALA CITY, GUATEMALA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Hector Pinto</b> <b>12 Calle 1-80, Zona 9</b> <b>Guatemala City, Guatemala</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHIU, MARIO</b> <b>12 CALLE 1-80, ZONA 9</b> <b>GUATEMALA CITY, GUATEMALA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCARTHY, MICHAEL P</b> <b>2150 NW 70TH AVENUE</b> <b>MIAMI FL 33122</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President and General Manager</b> <b>America ("Amie") Pelayo</b> <b>2150 N.W. 70 Avenue</b> <b>Miami, Florida. 33122</b> <input type="checkbox"/> Change <input type="checkbox"/> 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: *Paula Solves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/01 (305) 470-0000

Date

Daytime Phone #

CR2E034 (10/00)