## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P99000105503** 1. Entity Name 👵 PAM ENTERPRISES, INC. 04-03-2000 90135 011 \*\*\*150.00 Mailing Address Principal Place of Business 2424 TAMPA BAY BLVD UNIT D-203 2424 TAMPA BAY BLVD UNIT D-203 TAMPA FL 33607 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business 2702 - 19MPM DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 3621394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent lenendo2 MENENDEZ, PILAR 2424 TAMPA BAY BLVD UNIT D-203 **TAMPA FL 33607** 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. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Delete TITLE TITLE NAME ? MENENDEZ, PILAR NAME STREET ADDRESS STREET ADDRESS 2424 TAMPA BAY BLVD UNIT D-203 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 <del>-3360</del>4 ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F Delete TITLE NAME

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 chapter 607, provided that my name appears in Block 11 or Block 12 if the chapter 607 is a state of the corporation of the corporation of the receiver of the corporation of the corporati changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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