

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90315 006 ***150.00

DOCUMENT # P99000105503

1. Entity Name

PAM ENTERPRISES, INC.

Principal Place of Business

**2424 TAMPA BAY BLVD
UNIT D-203
TAMPA FL 33607
US**

Mailing Address

**2424 TAMPA BAY BLVD
UNIT D-203
TAMPA FL 33607
US**



2. Principal Place of Business

2702 - Tampa Bay Blvd

3. Mailing Address

17302 - Darby Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Lutz Florida

Zip

33607

Country

Hillsborough

Zip

33558

Country

Hillsborough

4. FEI Number

59-3621394

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

**MENENDOZ, ALEX A
2424 TAMPA BAY BLVD
UNIT D-203
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **Alex A. Menendez**

Street Address (P.O. Box Number is Not Acceptable)

17302 - Darby Lane

City

Lutz

FL

Zip Code

33558

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 **Alex A. Menendez** **Alex A. Menendez**

1/15/02

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, 2002 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MENENDEZ, PILAR	
STREET ADDRESS	2424 TAMPA BAY BLVD #D-203	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MENENDEZ, ALEX A	
STREET ADDRESS	2424 TAMPA BAY BLVD #203	
CITY-ST-ZIP	TAMPA FL 33607	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17302 - Darby Lane	
CITY-ST-ZIP	Lutz, FL 33558	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17302 - Darby Lane	
CITY-ST-ZIP	Lutz, FL 33558	
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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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Alex A. Menendez** **Alex A. Menendez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 (813) 875-4444

CR2E034 (9/01)