

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90050 007 \*\*\*150.00

**DOCUMENT # P93000019911**

1. Entity Name

**PAMEK TRADING CORP.**

Principal Place of Business

Mailing Address

**801 MAPLEWOOD DRIVE  
 15  
 JUPITER FL 33458  
 US**

**801 MAPLEWOOD DRIVE  
 15  
 JUPITER FL 33458  
 US**

2. Principal Place of Business

**860 US Highway 1**

3. Mailing Address

**860 US Highway 1**

Suite, Apt. #, etc.

**Suite 210**

Suite, Apt. #, etc.

**Suite 210**

City & State

**North Palm Beach FL**

City & State

**North Palm Beach FL**

Zip

**33408**

Country

Zip

**33408**

Country

4. FEI Number

**65-0398474**

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

**FREEMAN, DONALD J  
 1400 CENTERPARK BLVD.  
 SUITE 909  
 WEST PALM BEACH FL 33401-7490**

Name **Matthews Accounting Service**

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

**Attn: Joe Matthews**

**860 US Highway 1**

City **North Palm Beach**

**FL**

Zip Code

**33408**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIBEIRO, HAROLD</b>	
STREET ADDRESS	<b>801 MAPLEWOOD DRIVE #15</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ribeiro, Harold</b>	
STREET ADDRESS	<b>9 Terrison Drive</b>	
CITY-ST-ZIP	<b>Falmouth, ME 04105</b>	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harold Ribeiro**

Date

Daytime Phone #

**4-20-01**

**207-878-5550**

CR2E034 (10/00)