

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90031 049 ***150.00

DOCUMENT # M30865
 1. Entity Name
HEBREPAM FINANCIAL SERVICES INC.

Principal Place of Business C/O SILVERMAN & VICENS 1550 MADRUGA #406 CORAL GABLES FL 33146	Mailing Address C/O SILVERMAN & VICENS 1550 MADRUGA #406 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1121 CRANDON BLVD	3. Mailing Address 1121 CRANDON BLVD
Suite, Apt. #, etc. # E-407	Suite, Apt. #, etc. # E-407
City & State KEY BISCAVNE FL	City & State KEY BISCAVNE FL
Zip 33149	Country
Zip 33149	Country

4. FEI Number 59-2660648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**VICENS, ROLANDO
 C/O SILVERMAN & VICENS
 1550 MADRUGA #406
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent
 Name **SAUL SILVERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
SUITE 1100
 City **CORAL GABLES FL** Zip Code **33134**

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 Saul H Silverman DATE 2/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAMUCINA, HELGA 4001 CATHEDRAL AVE, N.W., 101 E WASHINGTON D. ↓ Mr. Drago Pamucina Apt. E-407 1121 Crandon Blvd. Key Biscayne, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: DRAGO PAMUCINA DATE 4/18/01 DAYTIME PHONE # 305 365 0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)