

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003669

1. Entity Name
PAN AMERICAN BUSINESS PARK MAINTENANCE
ASSOCIATION, INC.



Principal Place of Business
2199 PONCE DE LEON BLVD STE 200
CORAL GABLES, FL 33134

Mailing Address
2199 PONCE DE LEON BLVD STE 200
CORAL GABLES, FL 33134

2. Principal Place of Business
150 Alhambra Circle

3. Mailing Address
150 Alhambra Circle

Suite, Apt. #, etc.
925

Suite, Apt. #, etc.
925

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
Dade

Zip
33134

Country
Dade

04212005 Chg-NP CR2E037 (10/03)

4. FFI Number
51-0486448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY STE 103
MIAMI, FL 33145

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOPEZ-CANTERA, CARLOS C
2199 PONCE DE LEON BLVD STE 200
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
BLUMENTHAL, STEPHEN A
2199 PONCE DE LEON BLVD STE 200
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
CANTERA-SERALTA, MONICA L
2199 PONCE DE LEON BLVD STE 200
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
150 Alhambra Circle, Suite 925
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
150 Alhambra Circle, Suite 925
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
150 Alhambra Circle, Suite 925
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200054001612
05/06/05--01038--024 **70.00 ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/27/05

Date

305-856-0056

Daytime Phone #