

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90131 011 \*\*\*\*61.25

**DOCUMENT # P40883**

1. Entity Name

**PAN AMERICAN DEVELOPMENT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2600 16TH STREET NW  
 WASHINGTON DC 20009-4202  
 US

2600 16TH STREET NW  
 WASHINGTON DC 20441-0001  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-6054268**

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

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
 C/O BOWMAN BROWN, ESQ.  
 201 S. BISCAYNE BLVD 1600 MIAMI CTR  
 MIAMI FL 33131

Name

**- SAME**

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

**1500 Edward Ball Building**

**Miami Center**

City

**Miami**

**FL**

Zip Code

**33131**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  Delete  
 NAME **GAVIRIA TRUJILLO, CESAR**  
 STREET ADDRESS **17TH & CONSTITUTION AVE.**  
 CITY-ST-ZIP **WASHINGTON D.C.**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **20006**

TITLE **M**  Delete  
 NAME **HORSEY-BARR, SARAH**  
 STREET ADDRESS **2600 16TH ST., NW 4TH FLR., STE 20**  
 CITY-ST-ZIP **WASHINGTON DC 20009**

TITLE **ED**  Change  Addition  
 NAME **Sanbrailo, John**  
 STREET ADDRESS **2600 16th St., NW**  
 CITY-ST-ZIP **Washington, DC 20009**

TITLE **P**  Delete  
 NAME **HELLER, JACK**  
 STREET ADDRESS **1501 M ST., NW 11TH FLR**  
 CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1101 15th St., NW, Ste. 205**  
 CITY-ST-ZIP **Washington, DC 20005**

TITLE **SD**  Delete  
 NAME **HOGAN, NADINE**  
 STREET ADDRESS **1215 RUSSELL ROAD**  
 CITY-ST-ZIP **ALEXANDRIA VA 22301**

TITLE **SD**  Change  Addition  
 NAME **Schieck, Frederick**  
 STREET ADDRESS **1300 New York Ave., N.W.**  
 CITY-ST-ZIP **Washington, D.C. 20577**

TITLE **TD**  Delete  
 NAME **MOORE, ROBERT**  
 STREET ADDRESS **1929 39TH STREET NW**  
 CITY-ST-ZIP **WASHINGTON DC 20007**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3323 R St., NW**  
 CITY-ST-ZIP **Washington, DC 20007**

TITLE **V**  Delete  
 NAME **WATSON, ALEXANDER**  
 STREET ADDRESS **4245 S N FAIRFAX DR., STE 100**  
 CITY-ST-ZIP **ARLINGTON VA 22203**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**

Anita Winsor

(202) 458-3969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #