

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N22000001584

**Entity Name:** PATER USA, INC

**Current Principal Place of Business:**

3570 FISHER ROAD  
PALM HARBOR, FL 34683

**Current Mailing Address:**

P O BOX 1559  
PALM HARBOR, FL 34682 US

**FEI Number:** 88-0714584

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GRCHAN, JACQUELINE F  
951 RIVIERE ROAD  
PALM HARBOR, FL 34683 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ESCRIVA DE ROMANI, PABLO FATHER  
Address 3570 FISHER ROAD  
City-State-Zip: PALM HARBOR FL 34683

Title VP  
Name MCKENNA, BRIEGE SISTER  
Address 3570 FISHER ROAD  
City-State-Zip: PALM HARBOR FL 34683

Title S  
Name GRCHAN, JACQUELINE  
Address 951 RIVIERE ROAD  
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR  
Name FANJUL, LOURDES MARIE  
Address 201 GARDEN ROAD  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name DIEGO, LOURDES  
Address 2550 S. BAYSHORE DRIVE 106  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name DALE, ANDREA  
Address 435 EAST 52ND STREET  
City-State-Zip: NEW YORK NY 10028

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOURDES FANJUL

**DIRECTOR**

**07/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date