

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 211410

1. Entity Name

PAN AMERICAN APARTMENTS INC

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90484 042 ***150.00

Principal Place of Business

Mailing Address

145 10TH AVE N
ST PETERSBURG FL 33701

145 10TH AVE N
ST PETERSBURG FLA 33701-1840

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

4. FEI Number

59-0936194

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

LOBASCIO, GRACE
145 10TH AVENUE NORTH
APT 16 PAN AMERICAN APT
ST. PETERSBURG FL 33701

Name
SAMS

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.

SIGNATURE

Mary R Gray, Treasurer

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, 2000 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 P ☐ Delete
NAME MALONEY, FRANK
STREET ADDRESS 145 10TH AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE P ☐ Change ☐ Addition
NAME *1*
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME WILKINSON, RICHARD
STREET ADDRESS 145 10TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE *ALBERTA MARZOLI* ☒ Change ☐ Addition
NAME
STREET ADDRESS 145 10TH AVENUE # 17
CITY-ST-ZIP ST PETE, FL 33701

TITLE FV ☐ Delete
NAME MARZOLI, ALBERT
STREET ADDRESS 145 10TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE *KATIE STEDE* ☒ Change ☒ Addition
NAME
STREET ADDRESS 145 10TH AVENUE # 11
CITY-ST-ZIP ST PETE, FL 33701

TITLE SV ☒ Delete
NAME TWEDT, ORLENE
STREET ADDRESS 145 10TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE *SEC JOHN PUDER* ☒ Change ☒ Addition
NAME
STREET ADDRESS 145 10TH AVENUE # 1
CITY-ST-ZIP ST PETE, FL 33701

TITLE M ☒ Delete
NAME LOBASCIO, GRACE
STREET ADDRESS 145 10TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33-7001

TITLE *TREAS MARY GRAY* ☐ Change ☒ Addition
NAME
STREET ADDRESS 145 10TH AVENUE
CITY-ST-ZIP ST PETE, FLA; 33701

TITLE V ☐ Delete
NAME MARZOLI, ALBERT
STREET ADDRESS 145 10TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☐ 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:

Mary R Gray, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2000