

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90167 034 ***150.00

0356081

DOCUMENT # 211410

1. Entity Name

PAN AMERICAN APARTMENTS INC

Principal Place of Business

145 10TH AVE N
SAINT PETERSBURG FL 33701

Mailing Address

145 10TH AVE N
SAINT PETERSBURG FL 33701

2. Principal Place of Business

SAME

3. Mailing Address

SAME SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

Zip

SAME

Country

FLORIDA

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

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

7. Name and Address of New Registered Agent

Name

GRAY, MARY R

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

145 10TH AVE N

City

APT 16, PAN AMERICAN APT

ST PETERSBURG FL

Zip Code

33701

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

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

(NOTE: Registered Agent signature required when instituting)

DATE

Mary R Gray, TREAS - 4/12/01

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	P	<input type="checkbox"/> Delete
NAME	MALONEY, FRANK	
STREET ADDRESS	145 10TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MARZOLI, ALBERTA	
STREET ADDRESS	145 10 AVENUE NORTH #17	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	FV	<input type="checkbox"/> Delete
NAME	MARZOLI, ALBERT	
STREET ADDRESS	145 10TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	PUDER, JOHN	
STREET ADDRESS	145 10 AVENUE NORTH #1	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAY, MARY	
STREET ADDRESS	145 10 AVENUE NORTH #	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARZOLI, ALBERT	
STREET ADDRESS	145 10TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATRINA STADE
STREET ADDRESS	145 10TH AVEN # 11
CITY-ST-ZIP	ST PETERSBURG, FL 33701

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/12/01 (727-891-2801)

CR2E034 (10/00)