

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 326173

1. Entity Name

PAN AMERICAN FOUNDATION CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90566 016 ***150.00

Principal Place of Business 431 NE 115 ST MIAMI FL 33161 US	Mailing Address P OBOX 610224 MIAMI FL 33261 US
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2. Principal Place of Business 4100 NE 2ND AVE	3. Mailing Address
Suite, Apt. #, etc. # 313	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State
Zip 33137	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1204155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALOW, ARTURO H
 431 N.E. 115TH STREET
 MIAMI FL 33161

7. Name and Address of New Registered Agent

Name
ARTURO O. SALOW

Street Address (P.O. Box Number is Not Acceptable)
4100 NE 2ND AVE

Suite # 313

City
MIAMI

FL

Zip Code
33137

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 ARTURO O. SALOW 4.26.00

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALOW, ARTURO 431 N E 115TH STREET MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARTURO SALOW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11459 SW 84 LANE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ARTURO O. SALOW 278 NE 103 ST MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALEXANDER SALOW 12104 SAILBOAT WAY MIAMI COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ARTURO SALOW 4/19/00 905/573-0901

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)