

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725936

1. Entity Name

PANAM-NATIONAL RETIREES ASSOC. INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90222 020 ****61.25

Principal Place of Business

Mailing Address

8220 SW 93RD ST
MIAMI FL 33156
US

P.O. BOX 523947
MIAMI FL 33152-3947
US

AUUU0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1613868

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAWKINS, HOWARD H
8220 SW 93RD ST
MIAMI FL 33156

Name

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

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	D	<input type="checkbox"/> Delete
NAME	SHERRILL, MARKS R	
STREET ADDRESS	13930 N.W. 14 AVE	
CITY-ST-ZIP	MIAMI FL 33167-1201	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAWKINS, HOWARD H	
STREET ADDRESS	8220 SW 93RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLOYD, LOIS I	
STREET ADDRESS	1095 DOVE AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFFMAN, JEAN	
STREET ADDRESS	16961 SW 149TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DENUNCIO, LILLIAN	
STREET ADDRESS	5770 SW 13TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIDDALL, BILLIE	
STREET ADDRESS	4798 SW 2ND ST	
CITY-ST-ZIP	MIAMI FL	

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	
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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	

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: Lois I Floyd **Lois I Floyd**

1/13/2000

Date

Daytime Phone #

CR2E037 (9/99)