

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000710

DOCUMENT # L99000003364

1. Entity Name

PENSION FUND OF AMERICA L.C.

**FILED**  
**Jan 26, 2001 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
PENSION FUND OF AMERICA L.C.  
2655 LE JEUNE RD., PH 1-C  
CORAL GABLES FL 33134

Mailing Address  
PENSION FUND OF AMERICA L.C.  
2655 LE JEUNE RD., PH 1-C  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0954995

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNIDE, LUIS M  
2655 LE JEUNE RD., PH 1-C  
CORAL GABLES FL 33134

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR CORNIDE, LUIS M ☐ Delete  
STREET ADDRESS 2655 LE JEUNE RD., PH 1-C  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR ROBERT DELA RIVA ☐ Delete  
STREET ADDRESS 2655 LE JEUNE RD., PH 1-C  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/16/2001

305-774-1404

Date

Daytime Phone #

CR2E083 (11/00)