

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M30865

1. Entity Name
HEBREPAM FINANCIAL SERVICES INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90031 049 ***150.00

Principal Place of Business
C/O SILVERMAN & VICENS
1550 MADRUGA #406
CORAL GABLES FL 33146

Mailing Address
C/O SILVERMAN & VICENS
1550 MADRUGA #406
CORAL GABLES FL 33146

2. Principal Place of Business
1121 CRANDON BLVD
Suite, Apt. #, etc.
E-407

3. Mailing Address
1121 CRANDON BLVD
Suite, Apt. #, etc.
E-407

City & State
KEY BISCAVNE FL
Zip
33149
Country

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KEY BISCAVNE FL
Zip
33149
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4. FEI Number **59-2660648**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VICENS, ROLANDO
C/O SILVERMAN & VICENS
1550 MADRUGA #406
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name
SAUL SILVERMAN
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
SUITE 1100
City **CORAL GABLES** FL Zip Code **33134**

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

(NOTE: Registered Agent signature required when reinstating)

2/21/01
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP PAMUCINA, HELGA 4001 CATHEDRAL AVE, N.W., 101 E WASHINGTON D.C. ↓ Mr. Drago Pamucina Apt. E-407 1121 Crandon Blvd. Key Biscayne, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	<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		<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
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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: *DRAGO PAMUCINA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 305 3650078
Date Daytime Phone #

CR2E034 (10/00)