

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13115

1. Entity Name

PAN AM HISTORICAL FOUNDATION, INC.

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

02-20-2000 90042 009 ****61.25

Principal Place of Business

9855 S.W. 90TH AVE
MIAMI FL 33176
US

Mailing Address

9855 S.W. 90TH AVE
MIAMI FL 33176-2913
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2653271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRASWELL, JULIAN H
9855 S.W. 90TH AVENUE
MIAMI FL 33176

7. Name and Address of New Registered Agent

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

TITLE	TD	☐ Delete
NAME	SEFTON, JENNIE	
STREET ADDRESS	78 LAWRENCE PARK TERR	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE	VD	☐ Delete
NAME	ROTTSCHE, PAUL	
STREET ADDRESS	39 JOHN STREET	
CITY-ST-ZIP	GREENWICH CO	
TITLE	SD	☐ Delete
NAME	CLAIR, KATHLEEN M	
STREET ADDRESS	285 AVENUE C, APT. 8-C	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ Delete
NAME	ABRAMS, D.	
STREET ADDRESS	7236 SW 55TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

OFFICER OR DIRECTOR
SIGNATURE: *David Abrams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 305-667-2329

CR2E037 (9/99)