

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90008 038 ****61.25

DOCUMENT # N37751

1. Entity Name

PAN AMERICAN ROUND TABLE OF MIAMI, INC.

Principal Place of Business

Mailing Address

**9475 SW 154TH COURT
 MIAMI FL 33196
 US**

**8475 SW 2ND STREET
 MIAMI FL 33144
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0247411

Applied For

Not Applicable

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

**BASTOS-ACEBO, OMNIS
 8475 SW 2ND STREET
 MIAMI FL 33144**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **HARRER, ANGELA**
 CITY-ST-ZIP **9475 SW 154 CT
 MIAMI FL 33196**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **BASTOS-ACEBO, OMNIS**
 CITY-ST-ZIP **8475 S.W. 2ND STREET
 MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **SANDOVAL, MARINA**
 CITY-ST-ZIP **1775 WASHINGTON AVE. 5-A
 MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
 NAME ~~**SD**~~
 STREET ADDRESS ~~**TAMARGO, XOMARA**~~
 CITY-ST-ZIP ~~**4273 SW 161 PL
 MIAMI FL 33185**~~

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **Luisa E. Cajina**
 CITY-ST-ZIP **15530 S.W. 145th Ct
 Miami, FL 33177**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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.

SIGNATURE:

SIG. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fe. 7, 2002

(305) 380-7111

Date

Daytime Phone #

CR2E037 (9/01)