

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007121

**DOCUMENT # N38464**

1. Entity Name

**PANAMANIAN AMERICAN ASSOCIATION OF FLORIDA INC.**

FILED

02 OCT 17 AM 10:51

Principal Place of Business

Mailing Address

P.O. BOX 141173  
CORAL GABLES FL 33114-1173

P.O. BOX 141173  
CORAL GABLES FL 33114-1173

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 **65-0200522**

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

**MUSSA, RICARDO A.**  
**15490 S2 57TH ST.**  
**MIAMI FL 33193**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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 **P** ☐ Delete  
NAME **MUSSA, RICARDO**  
STREET ADDRESS **15490 SW 57TH STREET**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition  
NAME **800008453158**  
STREET ADDRESS **10/18/02--01059--024 \*\*236.25**  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **DRAYTON, ROLAND**  
STREET ADDRESS **1906 N 45TH AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **TD** ☐ Delete  
NAME **JACOBS, MARVA C**  
STREET ADDRESS **3018 NW 204 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33056**

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

TITLE **AT** ☐ Delete  
NAME **SPOONER, AMELIA**  
STREET ADDRESS **199863 SW 110TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **DS** ☒ Delete  
NAME **DRAYTON, ULANIS**  
STREET ADDRESS **1906 N 45TH AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☒ Addition  
NAME **Secretary Felicia Peterson**  
STREET ADDRESS **2742 N.W. 202 Terrace**  
CITY-ST-ZIP **Carol City, Fl. 33056**

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: **Signature Required**

(305) 624 5295

Oct 10, 2002

CR2E037 (4/02)