

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90258 008 ****61.25

C-1219

DOCUMENT # N40842

1. Entity Name

PANAMERICAN ALLIANCE FOR ART, CULTURE AND INDUST

Principal Place of Business

SOUTHWEST FLORIDA
 PO BOX 503
 LEHIGH ACRES FL 33971

Mailing Address

PO BOX 503
 LEHIGH ACRES FL 33971

2. Principal Place of Business

SOUTHWEST FLORIDA
 Suite, Apt. #, etc.
1403 ELAINE AVE N.

3. Mailing Address

1403 ELAINE AVE N.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LEHIGH ACRES, FL
 Zip
33971
 Country
U.S.A.

City & State

LEHIGH ACRES, FLORIDA
 Zip
33971
 Country
USA.

4. FEI Number

65-0226722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRICE, GRACIELA
1403 ELAINE AVE
LEHIGH ACRES FL 33971

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
PRICE, GLENN
3603 9TH ST SW
LEHIGH ACRES FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
ZAK, RAMIRD
1221 SE 43RD TERR
CAPE CORAL FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
SAYET, ELLEN
1351 MELALEUCA LN
FT MYERS FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
ZAK, SARA
1221 SE 43RD TERR
CAPE CORAL FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
PRICE, GRACIELA
3603 9TH ST SW
LEHIGH ACRES FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

GRACIELA PRICE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 (863)674-4041, ext.133
 Date Daytime Phone #

CR2E037 (10/00)