

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44256

1. Entity Name

PAN AMERICAN COALITION OF WELDING INSTITUTIONS (

Principal Place of Business

550 N. W. LEJEUNE RD
MIAMI FL 33126
US

Mailing Address

550 N.W. LEJEUNE RD
MIAMI FL 33126
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0357294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALL, DR. NELSON C.
550 N.W. LEJEUNE ROAD
P.O. BOX 351040
MIAMI FL 33135

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GUNNING, NOEL E	
STREET ADDRESS	8-10 EUREKA RD	
CITY-ST-ZIP	KINGSTON, WEST INDIES	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REYNOLDS, D.E.H.	
STREET ADDRESS	7250 W CREDIT AVE	
CITY-ST-ZIP	ONTARIO, L5N 5H1 CANADA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PADILLA, JESUS I	
STREET ADDRESS	CAST-	
CITY-ST-ZIP	CUATITLAN IZCALLI, MEXICO	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VELA PRADO, GUSTAVO	
STREET ADDRESS	APESTOL	
CITY-ST-ZIP	LA VICTORIA, LIMA, PERU	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALL, NELSON C. D	
STREET ADDRESS	550 NW LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUNNING, NOEL E	
STREET ADDRESS	8-10 EUREKA RD	
CITY-ST-ZIP	KINGSTON, WEST INDIES	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, CIPRIANI	
STREET ADDRESS	CENTURY DRIVE	
CITY-ST-ZIP	TRINCITY, TRINIDAD	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PADILLA, JESUS I. SMS	
STREET ADDRESS	AVENIDA LOMAS VERDE	
CITY-ST-ZIP	#450-103 LOMAS VERDES, NAUCALPAN, MEXICO	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00

(305) 443-9353

Date

Daytime Phone #

CR2E037 (9/99)