

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44256

1. Entity Name

PAN AMERICAN COALITION OF WELDING INSTITUTIONS (

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90621 001 ***395.00

UBR1036

Principal Place of Business

550 N. W. LEJEUNE RD
MIAMI FL 33126
US

Mailing Address

550 N.W. LEJEUNE RD
MIAMI FL 33126
US

41043



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 65-0357294

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

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

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 PD ☐ Delete
NAME DAVIS, CIPRIANI
STREET ADDRESS CENTURY DRIVE
CITY-ST-ZIP TRINCITY, TRINIDAD

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

TITLE VPD ☐ Delete
NAME REYNOLDS, D.E.H.
STREET ADDRESS 7250 W CREDIT AVE
CITY-ST-ZIP ONTARIO, L5N 5H1 CANADA

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

TITLE VPD ☐ Delete
NAME PADILLA, JESUS I
STREET ADDRESS CAST
CITY-ST-ZIP CUATITLAN IZCALLI, MEXICO

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

TITLE VPD ☐ Delete
NAME PADILLA, JESUS I SMS
STREET ADDRESS AVENIDA LOMAS VERDE #450-103
CITY-ST-ZIP LOMAS VERDES, NAUCALPAN MX

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

TITLE ST ☐ Delete
NAME WALL, NELSON C. D
STREET ADDRESS 550 NW LEJEUNE RD.
CITY-ST-ZIP MIAMI FL

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

TITLE VPD ☐ Delete
NAME GUNNING, NOEL E
STREET ADDRESS 8-10 EUREKA RD
CITY-ST-ZIP KINGSTON, WEST INDIES

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALL

4/26/01

305-443-9353

Date

Daytime Phone #

CR2E037 (10/00)