

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 91050 001 ***122.50

DOCUMENT # N44256

1. Entity Name
PAN AMERICAN COALITION OF WELDING INSTITUTIONS (PACWI), INC.



Principal Place of Business

**550 N. W. LEJEUNE RD
MIAMI FL 33126
US**

Mailing Address

**550 N.W. LEJEUNE RD
MIAMI FL 33126
US**

33044600



☐ CHECK HERE IF MAKING CHANGES

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

HUFSEY, JEFFREY

Street Address (P.O. Box Number is Not Acceptable)

550 N.W. LEJEUNE RD.

City

MIAMI, FL.

FL

Zip Code

33126

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 **TRINITY, TRINIDAD**

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

TITLE **VPD** ☐ Delete
NAME **PANEZIC, SLAVKO**
STREET ADDRESS **7250 W CREDIT AVE**
CITY-ST-ZIP **MISSISSAUGA, ONT L5N 5N1CANA**

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

TITLE **VPD** ☐ Delete
NAME **QUINITINI, CARLOS**
STREET ADDRESS **APARTADO 52042**
CITY-ST-ZIP **CARACAS 1050-A VENEZUELA**

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

TITLE **VPD** ☐ Delete
NAME **PARTETO, CLAUDIO**
STREET ADDRESS **RUA ANTONIO CAMPARATO, 218**
CITY-ST-ZIP **04605-030, SAO PAULO, BRAZIL**

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

TITLE **ST** ☐ Delete
NAME **FRENCH, RICHARD**
STREET ADDRESS **550 NW LEJEUNE RD.**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☒ Addition
NAME **HUFSEY, JEFFREY**
STREET ADDRESS **550 N.W. LEJEUNE RD.**
CITY-ST-ZIP **MIAMI, FL. 33126**

TITLE **VPD** ☐ Delete
NAME **CHIN, HOWARD**
STREET ADDRESS **2 WINCHESTER RD**
CITY-ST-ZIP **KINGSTON 6, JAMAMICA**

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

CR2E037 (10/02)