

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005861

1. Entity Name

ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA SOCI

Principal Place of Business

7010 NW 50 ST
MIAMI FL 33166
US

Mailing Address

P O BOX 430441
MIAMI FL 33243-0441

2. Principal Place of Business

6971 SW 79 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33143

Country

Zip

Country

4. FEI Number

65-0709498

Applied For

Not Applicable

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

NOLLA-AMADO, JULIO A
8150 SW 8TH ST
SUITE 219
MIAMI FL 33144

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 DE RIBA, ROXANNA D
STREET ADDRESS 7010 NW 50 ST
CITY-ST-ZIP MIAMI FL 33166

TITLE PD ☒ Change ☐ Addition
NAME MAURA A. MASFERRER
STREET ADDRESS 6971 SW 79 AVE
CITY-ST-ZIP MIAMI, FL 33143

TITLE SD ☒ Delete
NAME LASSO, JILMA
STREET ADDRESS 8483 SW 137 AVE
CITY-ST-ZIP MIAMI FL 33183

TITLE SD ☒ Change ☐ Addition
NAME VICKY DOVO-WORTHINGTON
STREET ADDRESS 4754 NW 97 PL
CITY-ST-ZIP MIAMI FL 33178

TITLE TD ☒ Delete
NAME TAPIA, QUERUBE
STREET ADDRESS 7115 SW 93 CT
CITY-ST-ZIP MIAMI FL 33173

TITLE TD ☒ Change ☐ Addition
NAME YOLANDA AMADO PICANS
STREET ADDRESS 13315 SW 98 PL
CITY-ST-ZIP MIAMI FL 33176-6112

TITLE VD ☒ Delete
NAME WONG, SYLVIA E
STREET ADDRESS 250 GALEN DR #56
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☒ Change ☐ Addition
NAME VILMA J. SANMIGUEL
STREET ADDRESS 11853 SW 98 TER
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME LYUDMILA VELASQUEZ
STREET ADDRESS 6405 NW 36 ST #220
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME ELENA AGUEL
STREET ADDRESS 5700 SW 59 CT
CITY-ST-ZIP MIAMI FL 33143

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:

X. Maura A. Masferrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

(305) 717-5500

Daytime Phone #

CR2E037 (9/99)