

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2002 8:00 am
Secretary of State

05-03-2002 90023 030 ****61.25

DOCUMENT # N96000005861

1. Entity Name

ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA SOCIAL, INC.

Principal Place of Business

Mailing Address

6971 SW 79TH AVE
MIAMI FL 33143
US

P O BOX 430441
MIAMI FL 33243-0441

2. Principal Place of Business

3. Mailing Address

6405 NW 36th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220

City & State

MIAMI, FL

City & State

4. FEI Number

65-0709498

Applied For

Not Applicable

Zip

33166

Country

USA

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

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

Name

LYUDMILA VELASQUEZ

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

6405 NW 36 ST. # 220

MIAMI

FL

33166

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

Lyudmila Velasquez

4-6-02

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	<input checked="" type="checkbox"/> Delete
NAME	MASFERRER, MAURA A	
STREET ADDRESS	6971 SW 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DOVO-WORTHINGTON, VICKY	
STREET ADDRESS	4754 NW 97 PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AMADO PICANS, YOLANDA	
STREET ADDRESS	13315 SW 98 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ESTELN COHEN, LUZ	
STREET ADDRESS	12820 SW 81 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUIZ DE PELLON, PANNY	
STREET ADDRESS	6081 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AGUEL, ELENA	
STREET ADDRESS	5700 SW 59 CT	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELASQUEZ, LYUDMILA	
STREET ADDRESS	1801 SW 148 WAY	
CITY-ST-ZIP	MIAMI FL 33027	
TITLE	SD Friend, Jeanne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8325 SW 72 AVE	
STREET ADDRESS	#C-102	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVARADO, MIGDALIA	
STREET ADDRESS	18550 NW 19 ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	VD JUAREZ, MIGDALIAH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6865 GLENEAGLE DR	
STREET ADDRESS	MIAMI CALES FL 33014	
CITY-ST-ZIP		
TITLE	D MARRERO, BERNUL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7540 SW 162 ST.	
STREET ADDRESS	MIAMI, FL 33157	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAPIA, LIA	
STREET ADDRESS	11574 N.W. 51 LN	
CITY-ST-ZIP	MIAMI, FL 33178	

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

Date

Daytime Phone #

Lyudmila Velasquez

4-6-02

CR2E037 (9/01)