

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

0008420

DOCUMENT # N97000000372

1. Entity Name

P.A.C. PROTECT AMERICAS CHILDREN INC.



FILED

03 SEP -9 PM 2:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 960836
MIAMI FL 33296
US

P.O. BOX 960836
MIAMI FL 33296
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0730922

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

ADAMO, MARILYN E
20935 S.W. 238TH STREET
HOMESTEAD FL 33031

← ADAMO, MARILYN E.
9437 SW. 140TH CT.
MIAMI, FL 33186

Name ADAMO, MARILYN E. (SAME)

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

9437 SW. 140TH COURT

City MIAMI

FL 33186

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

After September 10, 2003, min will be \$236.25

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

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ADAMO, MARILYN | |
| STREET ADDRESS | P.O. BOX 960836 | |
| CITY-ST-ZIP | MIAMI FL 33296 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | GARCIA, FIRPO DR. | |
| STREET ADDRESS | 13020 N. KENDALL DR. | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FINE, THANIA | |
| STREET ADDRESS | 739 SANTURCE AVENUE | |
| CITY-ST-ZIP | CORAL GABLES FL 33143 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP 1 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JENNIFER A. PINERO | |
| STREET ADDRESS | 191 S. LITTLE TORE RD | |
| CITY-ST-ZIP | NEW CITY, N.Y. 10956 | |
| 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 | | |
| 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

Date

Daytime Phone #

CR2E037 (4/03)