

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**  
 05-07-2001 90020 004 \*\*\*150.00

0194702

**DOCUMENT # P00000096539**

1. Entity Name  
**PANAMERICAN INSURANCE INC.**

Principal Place of Business  
**480 SOLANO PRADA**  
**CORAL GABLES FL 33156**

Mailing Address  
**480 SOLANO PRADA**  
**CORAL GABLES-FL 33156**

2. Principal Place of Business  
**5430 NW 107 Ave**  
 Suite, Apt. #, etc.  
**Apt 603**  
 City & State  
**MIAMI FL**  
 Zip  
**33178** Country  
**USA**

3. Mailing Address  
**5430 NW 107th Ave**  
 Suite, Apt. #, etc.  
**# 603**  
 City & State  
**Miami FL**  
 Zip  
**33178** Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1049918**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TORRES, GIOVANNELLA S**  
**480 SOLANO PRADA**  
**CORAL GABLES FL 33156**  
**7740 SW 75th Ter**  
**Miami, FL 33143**

7. Name and Address of New Registered Agent  
 Name **LORNA LOPEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5430 NW 107 Ave # 603**  
 City **MIAMI** FL Zip **33178**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORRES, GIOVANNELLA S</b> <b>480 SOLANO PRADA</b> <b>CORAL GABLES FL 33156</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>LORNA LOPEZ</b></del> <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LORNA LOPEZ</b> <b>5430 NW 107th Ave # 603</b> <b>Miami, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date **4/15/01** Daytime Phone # **(305) 823-5252**

CR2E034 (10/00)