

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26097

1. Entity Name

COMPANIA PANAMENA DE AVIACION, S.A.

Principal Place of Business

1313 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RIFAS, HAROLD M
7900 RED ROAD SUITE 25
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MOTTA, ALBERTO
STREET ADDRESS ISABEL AV. & ROOSEVELT #14
CITY-ST-ZIP PANAMA, REP. OF PAN. ☐ Delete

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

TITLE V
NAME ARIAS A, RICARDO A
STREET ADDRESS VIA ESPANA #200
CITY-ST-ZIP PANAMA, REP. OF PAN. ☐ Delete

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

TITLE S
NAME BRIN, RICARD G
STREET ADDRESS AVE 3 FINAL, BELLA VISTA
CITY-ST-ZIP PANAMA, REP. OF PAN. ☐ Delete

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

TITLE TD
NAME HEILBRON, OSVALDO
STREET ADDRESS VIA ESPANA #200
CITY-ST-ZIP PANAMA, REP. OF PAN. ☐ Delete

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

TITLE D
NAME MOUYNES, OSVALDO
STREET ADDRESS AVE BALBOA CL 39
CITY-ST-ZIP PANAMA, REP. OF PAN. ☐ Delete

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

TITLE D
NAME ARIAS, C. JAIME
STREET ADDRESS ESPANA #200
CITY-ST-ZIP PANAMA, REP. OF PAN. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVALDO MOUYNES

Jan 23rd, 2001

Date

Daytime Phone #

(507) 227-2522

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90099 001 ***150.00

02-13-2001 90099 002 *****8.75

25895



DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0105127

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

CR2E034 (10/00)

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