

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90070 032 ***150.00

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DOCUMENT # P95000090868

1. Entity Name

PAN AMERICAN COUNCIL, INC.

Principal Place of Business

CARLOS LOUMIET
1221 BRICKELL AVENUE 21FL
MIAMI FL 33131

Mailing Address

CARLOS LOUMIET
1221 BRICKELL AVENUE 21FL
MIAMI FL 33131

2. Principal Place of Business

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, Florida

Zip

33131

Country

USA

4. FEI Number

65-0496559

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOUMIET, CARLOS
1221 BRICKELL AVENUE
STE. 2100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

LOUMIET, CARLOS

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

1111 Brickell Avenue

Suite 2500

City

Miami

FL

Zip Code

33131

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

Carlos Loumiet

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, 2002 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	D <input type="checkbox"/> Delete
NAME	LOUMIET, CARLOS
STREET ADDRESS	1221 BRICKELL AVENUE, SUITE 2100
CITY-ST-ZIP	MIAMI FL 33131
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
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	LOUMIET, CARLOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 Brickell Avenue, Suite 2500
STREET ADDRESS	Miami, Florida 33131
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
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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	

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:

Carlos Loumiet

305-810-2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)