

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90115 036 ***150.00

DOCUMENT# P98000001819

1. Entity Name
PAN AMERICAN COMMUNITY HEALTH SERVICES, INC.

Principal Place of Business

**5959 N.W. 7TH STREET
 MIAMI FL 33126**

Mailing Address

**5959 N.W. 7TH STREET
 MIAMI FL 33126**

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 **65-0005213**

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

**VENNEY, ROBERT E ESQ
 901 PONCE DE LEON BOULEVARD
 STE 1000
 CORAL GABLES FL 33134**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CALDERIN, CAROLA	
STREET ADDRESS	5959 N.W. 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TEJIDOR, ROBERTO	
STREET ADDRESS	5959 N.W. 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MORA, MICHAEL J	
STREET ADDRESS	701 NW 57TH AVE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SIRVENT, MAURICO E	
STREET ADDRESS	5959 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberto Tejidor	
STREET ADDRESS	5959 NW 7th Street	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Orlando Mora	
STREET ADDRESS	5959 NW 7th Street	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norberto Cabrera	
STREET ADDRESS	5959 NW 7th Street	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Corzo	
STREET ADDRESS	5959 NW 7th Street	
CITY-ST-ZIP	Miami, Florida 33126	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norberto Cabrera, Director

1/15/01

305-264-1000

Date

Daytime Phone #

CR2E034 (10/00)