2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # N13115 1. Entity Name PAN AM HISTORICAL FOUNDATION, INC. 02-06-2001 90328 034 ****61.25 Principal Place of Business Mailing Address 9855 S.W. 90TH AVE 9855 S.W. 90TH AVE MIAMI FL 33176 MIAMI FL 33176 00014917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2653271 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRASWELL, JULIAN H 9855 S.W. 90TH AVENUE MIAMI FL 33176 Zip Code FL 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD TITLE ☐ Delete TITLE Change Change ☐ Addition NAME SEFTON, JENNIE NAME STREET ADDRESS **78 LAWRENCE PARK TERR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRONXVILLE NY 10708 VD** TITLE ☐ Delete TITLE ☐ Addition Change ROTTSCH, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 39 JOHN STREET CITY-ST-ZIP **GREENWICH CO** CITY-ST-ZIP ىيەر يەنەرىيە دەرەپ SD-ي TITLE Delete -☐ Change ☐ Addition CLAIR, KATHLEEN M NAME NAME STREET ADDRESS 285 AVENUE C, APT. 8-C STREET ADDRESS City-St-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ABRAMS, D. NAME STREET ADDRESS 7236 SW 55TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the even

David Abrams

7236 SW 55 Ave.

SIGNATURE:

changed, or on an attachme

Miami, FL 33143-5704 IG OFFICER OR DIRECTOR

indicated on this report or supplemental report is true and accurate a of the corporation or the receiver or trustee empowered to execute the

n 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 if

01 305-667.2329