

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90040 036 ***150.00

DOCUMENT # 175806

1. Entity Name
PANFOLD, INC.

Principal Place of Business
**10700 N.W. 36TH AVENUE
MIAMI FL 33167**

Mailing Address
**PO BOX 680130
MIAMI FL 33168
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0701401**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **DIXON, GUY, E**
STREET ADDRESS **16 SNRSE CAY DR OCN REEF**
CITY-ST-ZIP **KEY LARGO FL**

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

TITLE **PTD** ☐ Delete
NAME **DIXON, GUY, E, III**
STREET ADDRESS **6911 MAIN ST. APT. 126**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **PD** ☒ Change ☐ Addition
NAME **Dixon, Guy, E. III**
STREET ADDRESS **6911 Main St. Apt 126**
CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE **VD** ☐ Delete
NAME **DIXON, THOMAS M**
STREET ADDRESS **3114 S.W. 24 ST.**
CITY-ST-ZIP **POMBROOKE PARK FL 33009**

TITLE **VD** ☒ Change ☐ Addition
NAME **Dixon, Thomas M.**
STREET ADDRESS **250-1744 Street #2004**
CITY-ST-ZIP **Sunny Isles Beach FL 33160**

TITLE **S** ☐ Delete
NAME **GEYER, ELIZABETH, D**
STREET ADDRESS **14725 BALGOWAN ROAD #204**
CITY-ST-ZIP **MIAMI LAKES FL**

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

TITLE **VD** ☐ Delete
NAME **GEYER, RUSSELL, I, JR**
STREET ADDRESS **14725 BALGOWAN ROAD #204**
CITY-ST-ZIP **MIAMI LAKES FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TV** ☐ Change ☒ Addition
NAME **Gwinn, James T**
STREET ADDRESS **4831 W Longbow Bend**
CITY-ST-ZIP **DAVIS FL 33331**

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

JAMES T GWINN

4-3-02

Date

(305) 894 2283

Daytime Phone #

CR2E034 (9/01)