

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91465 044 \*\*\*150.00

DOCUMENT # **J76902**

1. Entity Name  
**PANTHER PROPERTIES, INC.**



Principal Place of Business  
**1380 NE MIAMI GARDENS DR  
STE 250  
MIAMI FL 33179  
US**

Mailing Address  
**1380 NE MIAMI GARDENS DR  
STE 250  
MIAMI FL 33179  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0011404**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**FRAYND, PAUL  
560 NW 165TH ST RD  
SUITE 311  
MIAMI FL 33169**

Name **Paul Fraynd**  
Street Address (P.O. Box Number is Not Acceptable)  
**1380 NE MIAMI GARDENS DR.  
#250**  
City **North Miami Beach** FL Zip Code **33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE **4/22/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ENGELMAN, ASHERI</b>
STREET ADDRESS	<b>1380 NE MIAMI GARDENS DR #250</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL 33179</b>
TITLE	<b>PST</b> <input type="checkbox"/> Delete
NAME	<b>FRAYND, PAUL</b>
STREET ADDRESS	<b>1380 NE MIAMI GARDENS DR #250</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL 33179</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/22/03** DAYTIME PHONE **305 940-5046**

CR2E034 (10/02)