

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033875

1. Entity Name

PANTHER HEADWAY, INC.

#

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90035 042 \*\*\*150.00

Principal Place of Business

Mailing Address

4700 N STATE ROAD 7  
 SUITE 106  
 FT LAUDERDALE FL 33319  
 US

155 S MIAMI AVE  
 SUITE PH-2A  
 MIAMI FL 33130-1609  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0663320

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

KRINSKY, J  
 155 S MIAMI AVE  
 SUITE PH-2A  
 MIAMI FL 33130

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, 2000 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  Delete  
 NAME VP  
 STREET ADDRESS KRINSKY, JEFF  
 CITY-ST-ZIP 155 S MIAMI AVENUE, SUITE PH-2A  
 MIAMI FL 33130

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME PD  
 STREET ADDRESS SIRLIN, DANIEL  
 CITY-ST-ZIP 155 S MIAMI AVENUE, SUITE PH-2A  
 MIAMI FL 33130

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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

*Jeff Krinsky*  
 Jeff Krinsky

2/20/00 305-374-7075  
 Date Daytime Phone #

CR2E034 (9/99)