2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # **P97000065016 Secretary of State** PANA-OHIO CORP. 03-03-2000 90262 043 ***150.00 Mailing Address Principal Place of Business 18710 SW 122ND AVE. 18710 SW 122ND AVE. MIAMI FL 33177-3210 MIAMI FL 33177 UUUUUWUU2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0774886 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent-Name RIOS, MYRIAM S Street Address (P.O. Box Number is Not Acceptable) 18710 SW 122ND AVE. MIAM! FL 33177 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE RIOS, MYRIAM S. NAME STREET ADDRESS 18710 SW 122ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33177** ☐ Change Addition TITLE Delete BRADY, VELIA NAME STREET ADDRESS STREET ADDRESS 14740 SW 158TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33187** Addition [TITLE ☐ Delete TITLE NAME RIOS. ERIC N. NAME 18710 SW 122ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33177** Ann-Christina Brady & Change 14740 SW 158th Street. Addition **⊠** Delete TITLE TITLE BRADY, JOHN NAME NAME STREET ADDRESS 14740 SW 158TH STREET STREET ADDRESS Miami, FC 33187 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33187** ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS 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 trusteg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like employered.