

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90098 044 ***150.00

DOCUMENT # 356157

1. Entity Name
PANAMANAGEMENT INC

Principal Place of Business 1295 SO. VENETIAN WAY MIAMI FL 33139	Mailing Address 1295 SO. VENETIAN WAY MIAMI FL 33139-1100 US
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2. Principal Place of Business 1295 So. Venetian Way Suite, Apt. #, etc.	3. Mailing Address 1295 So. Venetian Way Suite, Apt. #, etc.
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City & State Miami Beach, FL	City & State Miami Beach, FL	4. FEI Number 59-1403884	Applied For Not Applicable
Zip 33139	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DUHIG, JOHN H
1295 SO. VENETIAN WAY
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DUHIG, JOHN H. 1295 SO. VENETIAN WAY MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUHIG, ALICE M 1295 SO. VENETIAN WAY MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOULES, DOROTHY 1259 SO. VENETIAN WAY MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, STEPHANIE 1295 SO. VENETIAN WAY MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, JONATHAN 1295 SO. VENETIAN WAY MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *John H. Duhig* **2/10/00** **(305) 374-3206**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
John H. Duhig, President/Director/Res. Agt.

CR2E034 (9/99)