2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G46298 1. Entity Name PANGOLA UNITED, INC.					FILED Mar 30, 2000 8:00 am Secretary of State 03-30-2000 90057 013 ***150.00		
Principal Place	e of Business	Mailing Address					
7499 NE 2 AVE Miami FL 33138		7499 NE 2 AVE MIAMI FL 33138-5311					
2. Principal P 1455 Suite, Apt.		3. Mailing Address 1455 NE 2 AVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City& State		City & State MIAMI, FL			FEI Number 59-2742879 Applied For Not Applicable		
ゴラフト	38 DADE	37138			Certificate of Status Desired	\$8.75 Add Fee Require	litional
	6. Name and Address of Current R	egistered Agent	Name	7	Name and Address of New Re		
SZYNKARSKI, NICOLAS JR 7499 NE 2 AVE			Street A	<u>529 NR</u> ddress (P.O. 56	ARAKI, NICOL Box Number is Not Acceptable) NE AVE	NHE	
MIAN	N FL 33138		City	IAM)		FL 39	138
SIGNATURE _	named entity submits this statement for Signature, typed or printed prine of politicered agent and pration is eligible to satisfy its Intangible	DIERRE d title if applicable. (NOTE FILE NOW!	FRE IS \$150.	4 RAKI lure required when	VP	3/10/00	0 May Be
(See criteria on back) Make Chee			1, 2000 Fee will be \$550.00 Payable to Department of Sta		Trust Fund Contribution	. 🗆 Áddeo	to Fees
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND D PD SZYNKARSKI, NICOLAS (JR) 7499 NE 2 AVE MIAMI FL 33138	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA	NOTIONS/CHANGES TO OFFI (KAR4KI, NIC) NE 2 AVE I, FL 771	244 J Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SZYNKARSKI, PIERRE (JR) 7499 NE 2 AVE MIAMI FL 33138	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD 524 145: MIA	NE 2 AVE 1, FL 331 NKARSKI, PIE 5 NE 2 AVE HI, FL 331	RRE ^{Venange} 38	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - SY - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
indicated of the cor	certify that the information supplied with to on this report or supplemental report if to poration or the receiver or trustee empoy or on an attachment with an address, with URE:	rue and accurate and that n vered to execute this report thail other life empowered.	ny signature shall h as required by Cha VP ERRA 52	ave the sam apter 607, Flo	e legal effect as if made under o prida Statutes; and that my name	ath; that I am an officer appears in Block 11 or	or director 1