2000 UNIFORM BUSINESS REPORT (UBR)

Aug 09, 2000 8:00 am Secretary of State **DOCUMENT # J50252** 1. Entity Name PANTIN DEVELOPMENT COMPANY, INC. 08-09-2000 90082 034 ***150.00 Principal Place of Business Mailing Address C/O DONALD J. PANTIN C/O DONALD J. PANTIN 7750 SW 112TH STREET 7750 SW 112TH STREET MUUTALLO MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2784045 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PANTIN, SARA Street Address (P.O. Box Number is Not Acceptable) 7750 SW 112TH STREET MIAMI FL 33156 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. · OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete PANTIN, DONALD J. NAME STREET ADDRESS 7750 SW 112TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DST Delete ☐ Change Addition TITLE PANTIN, SARA NAME NAME STREET ADDRESS 7750 SW 112TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TÎŤLE - Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STRFFT 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

305-238-6999