

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76902

1. Entity Name
PANTHER PROPERTIES, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90034 007 ***150.00

Principal Place of Business Mailing Address
~~PAUL FRAYND~~ ~~PAUL FRAYND~~
~~560 NW 165 ST RD. SUITE 311~~ ~~560 NW 165 ST RD. SUITE 311~~
~~MIAMI FL 33169~~ ~~MIAMI FL 33169~~
~~US~~ ~~US~~



2. Principal Place of Business 3. Mailing Address
1380 NE Miami Gardens Dr. same as ←
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
North Miami Beach, FL

Zip Country Zip Country
33179 USA

4. FEI Number 65-0011404 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRAYND, PAUL
560 NW 165TH ST RD
SUITE 311
MIAMI FL 33169

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 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, 2002 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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGELMAN, ASHERI		NAME		
STREET ADDRESS	3307 WATER OAKS DR		STREET ADDRESS	1380 NE Miami Gardens Dr. #250	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAYND, PAUL		NAME		
STREET ADDRESS	560 N.W. 165 STATE ROAD, SUITE 311		STREET ADDRESS	1380 NE Miami Gardens Dr. #250	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: PAUL FRAYND DATE: 2-2-2002 DAYTIME PHONE #: 305-9405046

CR2E034 (9/01)