## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED **DOCUMENT # K05277** Apr 27, 2000 8:00 am **Secretary of State** PANOFF PUBLISHING, INC. 04-27-2000 90120 033 \*\*\*150.00 Principal Place of Business Mailing Address 7100 W. COMMERCIAL BLVD. 7100 W. COMMERCIAL BLVD. SUITE 106 SUITE 106 FT. LAUDERDALE FL 33319-2147 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0015639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ... Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PANOFF. IRENIE. PANOFF, IRENE Street Address (P.O. Box Number is Not Acceptable) 20846 PINAR TRAIL **BOCA RATON FL 33433** 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 DATE Signature, typed or printed name of registered agent and title if applicable (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. 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 OFFICERS AND DIRECTORS 11. ■ Addition OCK. CIMBI ☐ Delete TITLE TITLE PANOTF, WILLIAM A. 20776 SALIDA TERRACE NAME PANOFF, WILLIAM A. STREET ADDRESS STREET ADDRESS 20846 PINAR TRAIL BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition TITLE ☐ Delete TITLE PANOFF, IRENE 20776 SALIDA TERRACE PANOFF, IRENE NAME STREET ADDRESS 20846 PINAR TRAIL STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP ... CITY - ST - ZIP BOCA-RATON-FL Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information out is true and accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to precure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if each powered. I hereby certify that the information supplier indicated on this report or supplemental restee empowered k address, with all of