

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012496

1. Entity Name

PANUHOLEE, LLC

Principal Place of Business

11355 SW 84 STREET  
MIAMI FL 33173

Mailing Address

11355 SW 84 STREET  
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL ESQ.  
BEDZOW, KORN, MILLER & ZEMEL, P.A.  
20803 BISCAYNE BOULEVARD, SUITE 200  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FILED

01 JUN -7 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1050005

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000004422030--9  
-06/15/01--01040--003  
\*\*\*\*400.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR  
NAME SHAHAM, JACOB  
STREET ADDRESS 11355 SW 84 STREET  
CITY-ST-ZIP MIAMI FL 33173

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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STREET ADDRESS  
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TITLE NAME  
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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)