

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006921

1. Entity Name

PANTHERS HOCKEY LC

Principal Place of Business

~~C/O ZACK KOSNITZKY, P.A.  
100 S.E. 2ND ST., 26TH FLOOR  
MIAMI FL 33131~~

Mailing Address

~~C/O ZACK KOSNITZKY, P.A.  
100 S.E. 2ND ST., 26TH FLOOR  
MIAMI FL 33131~~

2. Principal Place of Business

3320 Fairfield Lane

3. Mailing Address

3320 Fairfield Lane

City & State

Weston, Florida

City & State

Weston, Florida

4. FEI Number

Not applicable

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KTO&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND ST., 26TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ACRAC, Inc.

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

3320 Fairfield Lane

City Weston

FL

Zip Code

33331

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

Alan P. Cohen, President 2/21/

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Member  
NAME Alan P. Cohen  
STREET ADDRESS 3320 Fairfield Lane  
CITY-ST-ZIP Weston, Florida 33331

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED Alan P. Cohen, Member

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

Date

Daytime Phone #

FILED  
Jun 13, 2002 8:00 am  
Secretary of State

05-22-2002 90226 024 \*\*\*\*55.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)