

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95385**

1. Entity Name

PANEXUS CORP.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90075 050 ***150.00

Principal Place of Business

Mailing Address

7986 NW 14TH ST
MIAMI FL 33126
US

7986 NW 14TH ST
MIAMI FL 33178-2384
US

2. Principal Place of Business

4001 NW 97 AVE

3. Mailing Address

4001 NW 97 AVE

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

MIAMI FL

City & State

MIAMI FL

Zip

T 33178

Country

USA

Zip

33178

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0215728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACRA, MICHAEL
7986 NW 14TH ST
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

ACRA, MICHAEL

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

4001 NW 97th Ave #101

City

MIAMI

FL

Zip Code

33178

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, 2000 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

TITLE **D** ☐ Delete
NAME **ACRA, MICHAEL**
STREET ADDRESS **7986 NW 14TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ Delete
NAME **PUMAROL, ADOLFO**
STREET ADDRESS **7986 NW 14TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00

305-555-2867

CR2E034 (9/99)