

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006106

1. Entity Name
PANTHER INSURANCE GROUP LLC

APPROVED
AND
FILED

00 JUN 29 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1880 BRICKELL AVENUE

MIAMI FL 33129

1413 SW 156th Way

Panama Pines FL 33027

Mailing Address

1880 BRICKELL AVENUE

MIAMI FL 33129-1610

1413 SW 156th Way

Panama Pines FL 33027

2. Principal Place of Business

17555 COLLINS AVE

Suite, Apt. #, etc.

3301

City & State

Sunny Isles FL

Zip

33160

Country

DADE

3. Mailing Address

17555 COLLINS AVE

Suite (Apt. #, etc.)

3301

City & State

Sunny Isles FL

Zip

33160

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951593
L99000006106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES J ESQ.

1880 BRICKELL AVENUE

MIAMI FL 33129

New Address

1413 SW 156th Way

Panama Pines FL

33027

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME TARSITANO, GEORGE J
STREET ADDRESS 1880 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003317414-1
-07/10/00-01025-003
*****55.00 *****55.00

TITLE
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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 OR MANAGER

Date

Daytime Phone #

4-25-00 305-970-0991

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CR21 043 (09/98)