2000 UNIFORM BUSINESS REPORT (UBR)	, ,
DOCUMENT # L9900006106 1. Entity Name	00
PANTHER INSURANCE GROUP LLC	SE
	TAL
Principal Place of Business Mailing Address	
1880 BRICKELL AVENUE MIAMI FL 33129 MIAMI FL 33129-1610 1413 SW 156 Way	
0 0 22 22 22 22 22 22 22 22 22 22 22 22	
2. Principal Place of Business (A STORY) 3. Mailing Address Collins Ach	
Suite, Apt. #, etc. Suite (A#. #, etc. #, etc.	
Sunny Islas Po Supra Islas Pah PL	4. FEI Number 2 990
33160 DADE 33160 SHOE	5. Certificate of
6. Name and Address of Current Registered Agent	7. Name and
New ADDOCSS Name	:

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JUN 29 AM 8: 47

CRETARY OF STATE LAHASSEE, FLORIDA



1755	5 COLLINS, A	VE 17555 C	ollins Hol	2					
Suite, Apt. #, etc. Suite (A). #, etc. Bool				DO NOT WRITE IN THIS SPACE					
City & State		Supra Isl	45 Pah PL	4. FEI Nun	nber 65-0951	575 6	_ 	oplied For ot Applicable	1
Zip 3316	Country	33160	Country SAOK	5. Certifica	ate of Status Desired		5.00 Addee Require		
	6. Name and Address of Curre			7. Name a	nd Address of New Regi	stered Ag	ent		-
l Landa de la Carta de la Cart	e de la composition della comp	New ADDOCE	S Name	فسنت	: 	<u> </u>		J. =1	_
	CHARLES J'ESQ.	11112 511 1560	Street Address	s (P.O. Box Num	ber is Not Acceptable)]
	EKELL AVENUE	1413 SW 1560 Penswoke Pincs					·		1
MIAMI FL	33129	Panowolle VINCS	<i>[</i>				T-*-		
		33027	City			FL	Zip Cod	le	
8. The above	named entity submits this statemen			tered agent, or l	ooth, in the State of Florida	ì.			1
	·								
SIGNATURE .		ANOTE AND A STATE OF THE STATE	: Registered Agent signature requ	weed when spinetations		DATE			
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Hegistered Agent signature requ	ired when tellistating)		DAIL			1
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' . .	,	Make Check Pay	/able to Department	of State					
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NAME	•		NAME OTRECT ADDRESS						
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11 I bereby (certify that the information supplied	with this filing does not qualify for	the exemption stated in	Section 119.07/	3)(i), Florida Statutes, I fur	ther certif	v that the i	nformation	1
indicated	on this report is true and accurate ability company or the receiver or true	and that my signature shall have t	he same legal effect as	if made under oa	ath: that I am a managing	member	or manage	er of the	

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

4-25-00 Date