

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 25 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006451

1. Entity Name

PANDOM OF FLORIDA, L.L.C.

Principal Place of Business
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

Mailing Address
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0953051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEMBER
SORDEN CORP. MGR
PO BOX 841
DOVER DE 19903-0841 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEMBER
AMDEN CORP. MGR
PO BOX 841
DOVER DE 19903-0841 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400003297144-8
-06/20/00--01052--022
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
MEMBER
MORDEN CORP. MGR
PO BOX 841
DOVER DE 19903-0841 ☐ Delete

TITLE
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

THOMAS POTTER
Thomas Potter, Mgr.

4/13/00

(410) 488-9164

CP2E083 (9/99)