

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90108 019 ***150.00

DOCUMENT # P00000004167

1. Entity Name
PANTHER TELECOMMUNICATIONS CORPORATION

Principal Place of Business

6991 NW 82ND AVE., #11
MIAMI FL 33166

Mailing Address

6991 NW 82ND AVE., #11
MIAMI FL 33166

2. Principal Place of Business

5255 N.W. 87th Ave.

3. Mailing Address

5255 N.W. 87th Ave.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0981179

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ, MANUEL

6991 NW 82ND AVENUE - #11

MIAMI FL 33166

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

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, 2002 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 **KLEIN, JEFFREY G**
STREET ADDRESS **23123 ST. RD. 7, STE. 350 B**
CITY-ST-ZIP **BOCA RATON FL 33429**

TITLE **PR** ☒ Delete
NAME **MARK, COLACURCIO**
STREET ADDRESS **2505 NEW BOCA RATON BLVD**
CITY-ST-ZIP **BOCA RATON FL 33431**

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 **PR: C** ☐ Change ☒ Addition
NAME **Sanchez, Manuel**
STREET ADDRESS **15386 SW 153rd st**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **V: D** ☐ Change ☒ Addition
NAME **Rodriguez, Efrain**
STREET ADDRESS **725 Tanglewood Circle**
CITY-ST-ZIP **Weston, FL 33327**

TITLE **D** ☐ Change ☒ Addition
NAME **Acosta, Guillermo**
STREET ADDRESS **10217 NW 57th Terrace**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **D** ☐ Change ☒ Addition
NAME **Ramirez, Alvaro**
STREET ADDRESS **55 East Sunrise Ave**
CITY-ST-ZIP **Coral Gables, FL 33133**

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

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, or both, or otherwise like empowered.

SIGNATURE:

Efrain Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (305) 718-4467

CR2E034 (9/01)