

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

9000000013175

1. Entity Name

Panther Com Enterprises, Inc.

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90028 015 \*\*\*150.00

Principal Place of Business

Mailing Address

6991 NW 82 AV Lot 11  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

6991 NW 82 AV #11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL

City & State

4. FET Number

65-1033746

Applied For

Not Applicable

33166

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Manuel Sanchez

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

6991 NW 82 AVE - Bay 11

City

Miami

FL

33166

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.

NW Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.) ☐

**FILE NOW!!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. **NEW** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
Manuel Sanchez  
STREET ADDRESS 6991 NW 82 AV - Bay 11  
CITY - ST - ZIP Miami FL 33166

TITLE NAME ☒ Change ☐ Addition  
President, Director  
Manuel Sanchez  
STREET ADDRESS 6991 NW 82 AV - 11  
CITY - ST - ZIP Miami FL 33166

TITLE NAME ☐ Delete  
President, Director

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 the signature of the corporation or the receiver or trustee empowered to execute this report is 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 shall have the same legal effect as if made under oath; that I am an officer or director 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 5/1/01

Date

Daytime Phone #

305-718-4467

CR2E034 (11/00)