

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90056 045 ***150.00

DOCUMENT # P00000013175

1. Entity Name

Panther Com Enterprises, Inc.

661555

DO NOT WRITE IN THIS SPACE

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

651033746

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Sanchez, Manuel

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

5255 N.W. 87th Ave, Suite 101

City

MIAMI,

FL

Zip Code

33178

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Sanchez, Manuel
STREET ADDRESS 5255 N.W. 87th Ave., Suite 101
CITY-ST-ZIP MIAMI, FL 33178

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Sanchez

4/29/02

(305) 718-4467

Date

Daytime Phone #

CR2E034B (12/01)