


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001643

1. Entity Name
PAMA INC

| | |
|--|--|
| Principal Place of Business 12501 NE 13TH AVE NORTH MIAMI FL 33161 | Mailing Address 12501 NE 13TH AVE NORTH MIAMI FL 33161 |
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

FILED
01 SEP 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1067937** Applied For Not Applicable

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

| | |
|--|--|
| 6. Name and Address of Current Registered Agent GULAMALI, PARIN 12501 NE 13TH AVE NORTH MIAMI FL 33161 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------------|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GULAMALI, PARIN 12501 NE 13TH AVE NORTH MIAMI FL 33161 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEMANI, MAHMOOD 12501 NE 13TH AVE NORTH MIAMI FL 33161 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200004603522-4 -09/21/01--01 <input type="checkbox"/> Change <input type="checkbox"/> Addition ***150.00 ***150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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, with all other like empowered.

SIGNATURE: *Parin Gulamali* **REQUIRED** PARIN GULAMALI 7/31/01

0048800 AV
CR2E034 (5/01)

PAMA INC
12501 NE 13th AVE
NORTH MIAMI, FL 33161
PHONE: 305-949-9055

FLORIDA DIVISION OF CORPORATIONS
P.O. BOX 6327 TALLAHASSEE,
TALLAHASSEE, FL 32315

REF. NUMBER P01000001643

WE DID NOT RECEIVED THE REJECTED REPORT IN
MARCH, 2001. WE ARE ENCLOSING AGAIN OUR CHECK NO. 1029
DATED 07/31/2001 FOR \$150. PLEASE ACCEPT IT AS A TIMELY
FILING AND NOT IMPOSE A LATE FEE. WE ARE TRYING TO
REPORT ACCORDING TO YOUR AGENTS INSTRUCTIONS, AS PER
OUR TELEPHONE CONVERSATION ON 09/7/2001 & 8/18/2001.
& 7/31/2001.

SIGNED

R. Williams
President/owner