

2002 UNIFORM BUSINESS REPORT (UBR)

5/ Jul 04, 2002 8:00 am
Secretary of State

05-19-2002 90183 006 ***150.00

DOCUMENT # P01000002050

1. Entity Name
PANO CAR, INC.

Principal Place of Business
1774 ROYAL PALM WAY
HOLLYWOOD FL 33020

Mailing Address
1774 ROYAL PALM WAY
HOLLYWOOD FL 33020

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 65-1075532

Applied For
Not Applicable

5. Complete if Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOVANOVIC, DOUGLAS ESQ.
17 SOUTHEAST 24TH AVENUE
POMPANO BEACH FL 33082

D

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 in print name of registered agent and then in cursive.

(NOTE: Registered Agent signature required when filing during)

DATE

9. The 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 \$680.00
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	PSD	☐ Delete
NAME	PANOVSKI, PECE	
STREET ADDRESS	1774 ROYAL PALM WAY	
CITY-STATE-ZIP	HOLLYWOOD FL 33020	
TITLE	VPD	☐ Delete
NAME	PANOVSKI, MARIKA	
STREET ADDRESS	1774 ROYAL PALM WAY	
CITY-STATE-ZIP	HOLLYWOOD FL 33020	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 136.02(3)(b), 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 as an attachment with an address with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 1954/927 8619

Date

Expires Month

CR2E104 (9-01)