

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90173 011 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028647

1. Entity Name
PANGA HOLDINGS, INC.



Principal Place of Business
170 OCEAN LANE DRIVE
KEY BISCAINE, FL 33149

Mailing Address
170 OCEAN LANE DRIVE
KEY BISCAINE, FL 33149

80126130



2. Principal Place of Business

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

720

☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables, FL

4. FEI Number
65-1126332

Applied For

☒ Not Applicable

Zip

Country

33134

USA

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

VERDU, PILAR
170 OCEAN LANE DRIVE
KEY BISCAINE, FL 33149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEES: \$150.00

After May 1, 2003 Fee will be \$558.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VERDU, PILAR	
STREET ADDRESS	170 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAINE, FL 33149	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VERDU, JORGE	
STREET ADDRESS	170 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAINE, FL 33149	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)