

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90116 037 ***150.00

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DOCUMENT #: P02000075637

1. Entity Name
PANTO U.S.A., INC.



Principal Place of Business
~~740 WASHINGTON AVE., STE. #5~~
~~MIAMI BEACH FL 33139~~

Mailing Address
~~740 WASHINGTON AVE., STE. #5~~
~~MIAMI BEACH FL 33139~~



2. Principal Place of Business
150 SE 2nd Avenue

3. Mailing Address
150 SE 2nd Avenue

Suite, Apt. #, etc.
Suite 1010

Suite, Apt. #, etc.
Suite 1010

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number 47-0879201

Applied For
Not Applicable

Zip Country
33131 USA

Zip Country
33131 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

BOLOGNA, STEFANIA ESQ.
740 WASHINGTON AVE., STE. #5
MIAMI BEACH FL 33139

Name
Street Address (P.O. Box Number is Not Acceptable)
150 SE 2nd Avenue, Suite 1010
City Miami FL Zip Code 33131

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!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MENEGAZZO, SIMONE
CITY-ST-ZIP 946 WIND DRIFT
CARLSBAD CA 92009

TITLE ☐ Change ☒ Addition
NAME D/P/VP/T/S
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

7604703939

Daytime Phone #

CR2E034 (10/02)