2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90044 025 ***150.00

DOCUMENT# **P02000086964**

1. Entity
PANTANAL STORE INC.

80114376

Principal Place of Business	**Mailing Address**
583 E. SAMPLE ROAD POMPANO BEACH FL 33064	583 E. SAMPLE ROAD POMPANO BEACH FL 33064

☐ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.: 583 E. Sample Road	Suite, Apt. #, etc.: 583 E. Sample Road
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number 22-3964977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEDER MATIAS DA SILVA
583 E. SAMPLE ROAD
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name: Neder Matias Da Silva
Street Address (P O Box Number is Not Acceptable): 583 E. Sample Road
City: Pompano Beach **FL** Zip Code: 33064

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 _____ **DAT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) E

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to 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	
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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 qualified 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: SIGNATURE Neder Matias Da Silva 04-29-03 (954)784-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #