

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000088262

1. Entity Name
PANAT DESIGNS, INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90776 041 ***150.00

Principal Place of Business
18558 NE 18 AVE #103A
N MIAMI BCH FL 33179

Mailing Address
18558 NE 18 AVE #103A
N MIAMI BCH FL 33179

2. Principal Place of Business

13063 SW 21st Street

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL

Country

City & State
MIAMI FL

Zip

33027

Country

4. FEI Number

06-1643768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MUNOZ, NATALIE
18558 NE 18 AVE #103
N MIAMI BCH FL 33179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

President

(NOTE: Registered Agent signature required when reinstating)

3/5/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MUNOZ, NATALIE**
STREET ADDRESS **18558 NE 18 AVE #103**
CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE **V** ☐ Delete
NAME **GUTIERREZ, FRANCISCO**
STREET ADDRESS **18558 NE 18 AVE #103**
CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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)(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 a address, who all other like empowered.

SIGNATURE:

Natalie Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

9548057381

Daytime Phone #

CR2E034 (10/02)