

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90159 039 ***150.00

DOCUMENT # P02000135373

1. Entity Name

PANTHER HOLDINGS OF FLORIDA NO. 2, INC.



Principal Place of Business

**1221 BRICKELL AVENUE
#2100
MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVENUE
#2100
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

C/O 499 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1100

City & State

City & State

CORAL GABLES, FL

Zip

Country

Zip

Country

33134 MIAMI-DADE

4. FEI Number

36-4528622

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

7. Name and Address of New Registered Agent

**MARTIN, PEDRO A ESQ.
1221 BRICKELL AVENUE
#2100
MIAMI FL 33131**

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!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, TREASURER	<input type="checkbox"/> Delete
NAME	REGGIANE, EZEQUIEL J.	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE # 1555	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	VICE PRESIDENT, SECRETARY	<input type="checkbox"/> Delete
NAME	REGGIANI, GISELLE M.	
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE # 1555	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: EZEQUIEL J. REGGIANI, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

(305) 448-6622

Date

Daytime Phone #

CR2E034 (10/02)