

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000061252 (9)**
 1. Entity Name
INTER-PAN MANAGEMENT GROUP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90144 015 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business
35252 Farnham Dr.
 Suite, Apt. #, etc.
 City & State
NEWARK, CALIFORNIA
 Zip
94560
 Country
USA

3. Mailing Address
35252 Farnham Dr.
 Suite, Apt. #, etc.
 City & State
NEWARK, CALIFORNIA
 Zip
94560
 Country
U.S.A.

4. FEI Number
NOT APPLICABLE
 Applied For
☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name
FRANCISCO J. MALLO, JR.
 Street Address (P.O. Box Number is Not Acceptable)
21930 SW 104th Ct
 City
MIAMI FL Zip Code
33190

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 **Francisco J. Mallo, Jr.** **FRANCISCO J. Mallo, JR.** **12/30/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/P/S/T Courtney, Michael, J.
STREET ADDRESS	35252 Farnham Dr.
CITY-ST-ZIP	NEWARK, CA 94560
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Courtney, Yasmin
STREET ADDRESS	35252 Farnham Dr.
CITY-ST-ZIP	NEWARK, CA 94560
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 required 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: **Michael J. Courtney** **12/30/99** **ext. 18**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Michael J. Courtney** **650/952-7167**
Daytime Phone #

CR2E034 (9/99)