

2002 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # P96000017597

1. Entity Name
PANGAEA CORP.

Principal Place of Business
4800 AIRPORT ROAD NORTH
NAPLES FL 33942

Mailing Address
4800 AIRPORT ROAD NORTH
NAPLES FL 33942

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number

65-0692295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, RICHARD C
5551 RIDGEWOOD DRIVE
SUITE 501
NAPLES FL 33963

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.

SIGNATURE

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, 2002 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

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARAZA, F. ARTHUR 116 CORDILLERA STREET, MUNTINLUPA METRO MANILA, PHILIPPINES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARAZA, SALVACION L 116 CORDILLERA STREET, MUNTINLUPA METRO MANILA, PHILIPPINES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 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:

ARTHUR F. VILLARAZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2002
DIVERSIFIED
SERVICES

CR2E034 (9/01)