

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90097 041 ***150.00

02/10/03
IN

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**

CHANGE please



2. Principal Place of Business
4727 VIA CARMEN

3. Mailing Address
4727 VIA CARMEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL.

City & State
NAPLES, FL.

4. FEI Number
65-0692295

Applied For
Not Applicable

Zip
34105

Country
U.S.A.

Zip
34105

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard C Grant*

(NOTE: Registered Agent signature required when reinstating)

4/28/03
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

11. 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	D VILLARAZA, SALVACION L 116 CORDILLERA STREET, MUNTINLUPA METRO MANILA, PHILIPPINES	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Arthur Villaraza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

(239) 434-7576
Daytime Phone #

CR2E034 (10/02)