2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2001 8:00 am Secretary of State DOCUMENT # **P96000023137** 3600 GOLDEN PANTHER, INC. 02-20-2001 90009 011 ***150.00 Principal Place of Business Mailing Address 3600 SW 17 TERR P O BOX 45-2106 MIAMI FL 33245 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address 3600 Si evvice DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0650582 Not Applicable NAM \$8.75 Additional Fee Required Zìp_ Country Country 5. Certificate of Status Desired - - Dr > 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STONE, JEFF 8621 SW 84 TERR **MIAMI FL 33143** changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the pure SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its lotangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE NAME NAME STONE, JEFF 770 DORTH SHORE DRIVE STREET ADDRESS STREET ADDRESS 2333 BRICKELL AVENUE #2009 MIANUI Beach, FL 3314 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DIDE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not coalify 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 by trustee impowered tries 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:

SIGNATUR

AND TYPE

RINKED NAME OF SIGNING OFFICER OR DIRECTOR