

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027152

1. Entity Name

PANTHER MANAGEMENT CORP.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90039 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
155 S MIAMI AVE <del>STE 1150</del> PH-2A MIAMI FL 32313 US	1155 S MIAMI AVE <del>STE 1150</del> PH-2A MIAMI FL 33130-4110 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. PH-2A	Suite, Apt. #, etc. PH-2A
City & State	City & State
Zip	Country

4. FEI Number	65-0659919	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRINSKY, JEFF  
 155 S MIAMI AVE  
 STE 1150  
 MIAMI FL 33130

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	PD <input type="checkbox"/> Delete
NAME	SIRLIN, DANIEL
STREET ADDRESS	4800 NORTH STATE ROAD 7, STE. 300
CITY-ST-ZIP	FORT LAUDERDALE FL 33319
TITLE	VD <input type="checkbox"/> Delete
NAME	KRINSKY, JEFF
STREET ADDRESS	4620 NORTH STATE ROAD 7, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE FL 33319
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	_____
STREET ADDRESS	155 S. MIAMI AVE, PH-2A
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	155 S. MIAMI AVE, PH-2A
CITY-ST-ZIP	MIAMI FL 33130
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: SIRLIN SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)