

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90002 032 ***150.00

DOCUMENT # P96000045940

1. Entity Name

PANTHER REALTY, INC.

Principal Place of Business

Mailing Address

123 W PROSPECT RD
 FT LAUDERDALE FL 33309

123 W PROSPECT RD
 FT LAUDERDALE FL 33309-1851

1500 W Cypress Creek Rd

2. Principal Place of Business

3. Mailing Address

#415

1500 W Cypress Cr. Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#415

#415

City & State

City & State

Fort. Lauderdale FL

Fl. Land

Zip

Country

Zip

Country

33308

Broward

33308

Broward

6. Name and Address of Current Registered Agent

4. FEI Number

65-0668356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SGARRINI, WALTER W
 123 W PROSPECT RD
 FT LAUDERDALE FL 33309

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SGARRINI, WALTER W 123 W PROSPECT RD FT LAUDERDALE FL 33309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

61-22-200 954-938-111

CR2E034 (9/99)