

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
 05-23-2001 91176 047 \*\*\*150.00

**DOCUMENT # P96000045940**

1. Entity Name

**PANTHER REALTY, INC.**

Principal Place of Business

**1500 W CYPRESS CREEK RD  
 #415  
 FORT LAUDERDALE FL 33308**

Mailing Address

**1500 W CYPRESS CREEK RD  
 415  
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

**1280 S Powerline Rd  
 Suite, Apt. #, etc.  
 #24**

3. Mailing Address

**1280 S Powerline Rd  
 Suite, Apt. #, etc.  
 #24**

City & State

**Pompano Beach FL**

City & State

**Pompano Beach FL**

Zip

**33069**

Country

**Broward**

Zip

**33069**

Country

**Broward**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**Name: Walter W Sgarrini  
 Street Address (P.O. Box Number is Not Acceptable): 1280 S Powerline Rd #24  
 #24  
 City: Pompano Beach FL Zip Code: 33069**

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.

(No 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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SGARRINI, WALTER W</b>	
STREET ADDRESS	<b>123 W PROSPECT RD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Walter W Sgarrini</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1280 S. Powerline Rd #24</b>	
STREET ADDRESS	<b>Pompano Beach FL 33069</b>	
CITY-ST-ZIP		
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		
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 is 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:

**Walter W Sgarrini**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR

Date

**4/13/01 954-938**

Daytime Phone #

**1111**

CR2E034 (10/00)