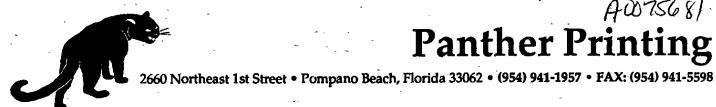
## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P9600063861 Sep 07, 2000 8:00 am Secretary of State PANTHER PRINTING, INC. 09-07-2000 90064 020 \*\*\*150.00 Principal Place of Business Mailing Address 2660 N.E. 1ST STREET 2660 N.E. 1ST STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0683267 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENARD, VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 2660 N.E. 1ST STREET POMPANO BEACH FL 33062 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10.-: Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Detete TITLE TITLE BENARD, VIRGINIA NAME NAME STREET ADDRESS STREET ADDRESS 2660 N.E. 1ST ST. CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition ☐ Delete [] Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete -TITLE TITLE \* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

attachmen doc # P96000063861 A0075681.



DIVISION OF COLPOLATIONA RE 2000-UNIFORM BUSINUST ROPORT (USN) POCUMENT # P96.000063.861

PLUASE ACCEPT HALL LATE COMPORATION PILING FOR AND ITS TANDINGSL-IN SUNDING, DUE TO POOR HEALTH AND LONG PENIODS OF ABSENTISIN DUNING THE FINES PART OF 2000 Your ACCORDAGE NOGED BE HOST finitionery AMECIATED

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