

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90176 042 \*\*\*150.00

**DOCUMENT # P97000087820**

1. Entity Name

**PUNTANA TRADING CORP.**

Principal Place of Business

Mailing Address

3000 UNIVERSITY DR STE E  
 CORAL SPRINGS FL 33065

3000 UNIVERSITY DR STE E  
 CORAL SPRINGS FL 33065-5048

001731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9600 W. Sample Road  
 Suite, Apt. #, etc.  
 505

3. Mailing Address

9600 W. Sample Road  
 Suite, Apt. #, etc.  
 Suite 505

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0790277

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FERRARI, JUAN  
 3000 N UNIVERSITY DR  
 STE E  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: Ferrari, Juan  
 Street Address (P.O. Box Number is Not Acceptable):  
 9600 W. Sample Road  
 Suite 505  
 City: Coral Springs FL Zip Code: 33065

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRARI, JUAN	
STREET ADDRESS	3000 UNIVERSITY DR STE E	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BONTNICK, BERNARD	
STREET ADDRESS	3000 N UNIVERSITY DR., STE E	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferrari, Juan	
STREET ADDRESS	9600 W. Sample Road Suite 505	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bontnick, Bernard	
STREET ADDRESS	9600 W. Sample Road Suite 505	
CITY-ST-ZIP	Coral Springs, FL 33065	
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:

*Bernard Bontnick* Bernard Bontnick VIP

4/18/00

954-255-5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)