FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90073 034 ***150.00

DOCUMENT # P97000095880

1. Entity Name: Pan Apparels USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PAN APPARELS USA. INC.	5500, POINSETTA Ave,
Suite, Apt. #, etc.: 5500, POINSETTA AVE, #8.	Suite, Apt. #, etc.: #8
City & State: WEST PALM BEACH.	City & State: WEST PALM BEACH,
Zip: FL-33405 Country: USA	Zip: FL. 33405 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650796274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ARVI BAHL

Street Address (P.O. Box Number is Not Acceptable): #8, 5500, POINSETTA AVE.,

City: WEST PALM BEACH FL Zip Code: 33405

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	PRESIDENT.
NAME	ARVI BAHL
STREET ADDRESS	#8, 5500, POINSETTA AVE,
CITY-ST-ZIP	WEST PALM BEACH, FL-33405

CR2E034B (12/01)

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/02 (561) 626-2784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #