

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019965

1. Entity Name
PANORAMA EXPRESS 2 SPECIAL SERVICES, INC

Principal Place of Business Mailing Address
76-A PLAINVIEW DR
PALM BEACH FL 32164

2. Principal Place of Business 3. Mailing Address
31 PRESIDENT LANE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BEACH FL

Zip Country Zip Country
32164 FLORIDA

4. FEI Number Applied For
59-3507014 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, 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.

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 ☐ Delete
NAME PD
STREET ADDRESS KAZACHKOVA, MARIANNA
CITY-STATE-ZIP 31 PRESIDENT LANE
PALM BEACH FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME SVDT
STREET ADDRESS LIPKOVICH, GERMAN
CITY-STATE-ZIP 31 PRESIDENT LANE
PALM BEACH FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME MANAGER
STREET ADDRESS LIPKOVICH, PAVEL
CITY-STATE-ZIP 31 PRESIDENT LANE
PALM BEACH FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: Marianna Kazachkova MARIANNA KAZACHKOVA

04.27.00

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90914 020 ***150.00

DO NOT WRITE IN THIS SPACE