

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90194 022 ***158.75

DOCUMENT # P98000034993

1. Entity Name

PANAMINT CONSULTING, INC.

Principal Place of Business

4580 APPLACHIAN STREET
BOCA RATON FL 33428

Mailing Address

4580 APPLACHIAN STREET
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

6929 FINAMORE CIRCLE
Suite, Apt. #, etc.

6929 FINAMORE CIRCLE
Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

PALM BEACH

Zip

33467

Country

PALM BEACH

4. FEI Number

65-0828395

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERRY, RICHARD G

1665 PALM BEACH LAKES BLVD., SUITE 600

WEST PALM BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILEY, HOWARD L
4580 APPALACHIAN STREET
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HILEY, CAROLYN L
4580 APPALACHIAN STREET
BOCA RATON FL 33428 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

HOWARD L. HILEY

4/22/02

561 706 8074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)