

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90133 047 ***150.00

DOCUMENT # P98000062160

1. Entity Name
PAMALA STANLEY, INC.

(LA)

Principal Place of Business
341 NW 36 ST
OAKLAND PK FL 33309

Mailing Address
341 NW 36 ST
OAKLAND PK FL 33309

2. Principal Place of Business
4015 W. PALM AIRE DR.

3. Registered Agent
PAMALA STANLEY
TWO S. University Drive

Suite, Apt. #, etc.
Apt 808

Suite, Apt. #, etc.
Suite 215

City & State
Pompano Beach FL

City & State
PLANTATION, FL

Zip
33069

Country
USA

Zip
33324

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0851650

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, PAMALA
341 NW 36TH ST
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name **PAMALA STANLEY**
 Street Address (P.O. Box Number is Not Acceptable)
4015 W. PALM AIRE DR #808
Pompano Beach FL
 City **Pompano Beach** Zip Code **33069**

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 *Pamala Stanley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PTSD** ☒ Delete
 NAME **STANLEY, PAMELA**
 STREET ADDRESS **341 NW 36 ST**
 CITY-ST-ZIP **OAKLAND PK FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Change ☐ Addition
 NAME **STANLEY, PAMELA**
 STREET ADDRESS **4015 W. PALM AIRE DR. #808**
 CITY-ST-ZIP **POMPADO BEACH FL 33069**

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

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Pamala Stanley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/01 **954-561-1198**
 Date Daytime Phone #

0118259 AT

CR2E034 (5/01)