

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062160

1. Entity Name  
PAMALA STANLEY, INC.

(V)

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. Mailing Address  
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

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

Name  
PAMALA STANLEY

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

4015 W. PALM AIRE DR #808

Pompano Beach FL

City  
Pompano Beach FL 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 Stan

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTSD  
STANLEY, PAMELA  
341 NW 36 ST  
OAKLAND PK FL 33309

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTSD  
STANLEY, PAMELA  
4015 W. PALM AIRE DR. #808  
POMPANO BEACH FL 33069

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
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CITY-ST-ZIP

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Change

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Change

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Pamala Stan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

07-10-2001 90133 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

012001  
AT

CF2E034 (5/01)

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