

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90013 005 \*\*\*150.00

**DOCUMENT # P98000062160**

1. Entity Name

**PAMALA STANLEY, INC.**

Principal Place of Business

**4015 W. PALM AIRE DR  
 APT 808  
 POMPANO BEACH FL 33069**

Mailing Address

**C/O BRIAN LYNN C.P.A.  
 2 UNIVERSITY DR. STE 215  
 PLANTATION FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**P.O. BOX 11392  
 Suite, Apt. #, etc. 1709 CORAL GARDENS DR  
 WILTON MANORS**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

City & State

Zip

**33334**

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**

**4015 W. PALM AIRE DR  
 SUITE 808  
 POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

**STANLEY, Pamela**

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

**P.O. BOX 11392 1709 CORAL GARDENS DR**

**Fort Lauderdale**

**WILTON MANORS FL**

Zip Code

**33334**

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

*Pamela Stanley*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/16/02**

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	PTSD	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, PAMELA	
STREET ADDRESS	4015 W. PALM AIRE DR #808	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pamela Stanley PTSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 11392	
STREET ADDRESS	1709 CORAL GARDENS DR	
CITY-ST-ZIP	Fort Lauderdale, FL 33339	
TITLE	WILTON MANORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDARO, FRANK C. III	
STREET ADDRESS	1709 CORAL GARDENS DR	
CITY-ST-ZIP	WILTON MANORS, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

*Pamela Stanley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**1/16/02**

Daytime Phone #

*Pamela Stanley*  
 PAMALA STANLEY

**3/01/02**

CR2E034 (9/01)