

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91038 037 ***150.00

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1. Entity Name
PAMALA STANLEY, INC.



Principal Place of Business
**1709 CORAL GARDENS DR
WILTON MANORS FL 33334**

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

2. Principal Place of Business

**4015 W. Palm Aire Drive
Suite, Apt. #, etc.
808**

3. Mailing Address

**~~XXXXXX~~
Suite, Apt. #, etc.**

City & State
Pompano Beach FL 33069

City & State

Zip
33069

Country
USA

Zip

Country

4. FEI Number
65-0851650

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STANLEY, PAMALA
1709 CORAL GARDENS DR
WILTON MANORS FL 33334**

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
Two South University Dr #215
City **Plantation** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
STANLEY, PAMALA
1709 CORAL GARDENS DR
WILTON MANORS FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
MANDARO, FRANK C III
1709 CORAL GARDENS DR
WILTON MANORS FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PAMALA STANLEY
4015 W. PALM AIRE DR. #808
POMPANO BEACH FL 33069** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
FRANK MANDARO & III
4015 W. PALM AIRE DR. #808
POMPANO BEACH FL 33069** ☐ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Daytime Phone #

CR2E034 (10/02)