

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009014

1. Entity Name
PANTHER ADVENTURE TOURS CORP.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90125 038 ***150.00

Principal Place of Business Mailing Address
1417 PLUNKETT ST. 1417 PLUNKETT ST.
HOLLYWOOD FL. HOLLYWOOD FL.
33020 33020

2. Principal Place of Business 3. Mailing Address
1417 PLUNKETT ST. 1417 PLUNKETT ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOLLYWOOD FL. HOLLYWOOD FL.
Zip Country Zip Country
33020 U.S.A. 33020 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PANTHER ADVENTURE TOURS
15775 MIAMI LAKES BLVD N. 131C
MIAMI LAKES FL. 33014

7. Name and Address of New Registered Agent
Name **MANUEL CREGO JR.**
Street Address (P.O. Box Number is Not Acceptable) **1417 PLUNKETT ST.**
City **HOLLYWOOD** FL Zip Code **33020**

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 **MANUEL CREGO JR. PRES.** **MANUEL CREGO JR.** **4/22/00**
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, 2000 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 PRESIDENT	<input type="checkbox"/> Delete
NAME MANUEL CREGO JR.	
STREET ADDRESS 1417 PLUNKETT ST.	
CITY-ST-ZIP HOLLYWOOD FL. 33020	
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	<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	
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	

CR2E034 (9/99)

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: **MANUEL CREGO JR. PRESIDENT** **4/22/00 (651) 920-4090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #