

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90035 019 ***150.00

0139064

DOCUMENT # P99000042050

1. Entity Name

PANTERA HOLDINGS GROUP, INC.

Principal Place of Business

2300 WEST SAMPLE ROAD
 SUITE 310
 POMPANO BEACH FL 33073

Mailing Address

2300 WEST SAMPLE ROAD
 SUITE 310
 POMPANO BEACH FL 33073

2. Principal Place of Business

Y300 W SAMPLE RD

3. Mailing Address

Y300 WEST SAMPLE RD

Suite, Apt. #, etc.

YOV

Suite, Apt. #, etc.

YOV

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0917146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHAW, SCOTT
 2300 W SAMPLE RD
 310
 POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent

Name

SCOTT SHAW

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

6655 NW 24TH TERL

City

BOCA RATON

FL

Zip Code

33496

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

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, 2001 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 PSTD ☐ Delete
 NAME SHAW, SCOTT
 STREET ADDRESS 2300 WEST SAMPLE ROAD
 CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)