2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068761 1. Entity Name PANAREA DESIGN GROUP, INC.

Principal Place of Business 7730 SW 68 TR MIAMI FL 33143

Mailing Address 7730 SW 68 TR MIAMI FL 33143

2. Principal Place of Business 349 MEMOIAN AV.	3. Mailing Address 349 MERIDIAN AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BENEH PI	City & State

DATE

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Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>-</u>	DO NOT WRITE IN THIS SPACE			
OUITE #1	SUITE #1					
City & State BENEH PL	City & State	.1 -1	4. FEI Number 65-094199	0	Applied For	
MIMMI DEVEH PL	MIMI BEAR	A FL			Not Applicable	
Zip Country Country MIMI - DANC	Zip Cour 	mi-SOB	5. Certificate of Status Desired		5 Additional equired	
6. Name and Address of Current R	•	7. Name and Address of New Registered Agent				
BALLESTAS AND ASSOCIATES, INC.		Name				
7730 SW 68 TR		Street Address ((P.O. Box Number is Not Acceptable)			
MIAMI FL 33143						
		City		FL Zip	p Code	
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.						

9.	This corporation is eligible to satisfy its Intar	ngible
	Tax filing requirement and elects to do so.	_
	(See criteria on back)	

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criter	ria on back)		Make Check Payable	to Department	of State				
11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					S IN 11	
TITLE .	PSD	•	☐ Delete	TITLE	PSD			Change	☐ Addition
NAME	VILLE, JULIA DELLE			NAME	1/1/	TuiA	DEUF		ł
STREET ADDRESS	7730 SW 68 TR		-	STREET ADDRESS	VICLE,	30077	DE WE +	. /	
CITY-ST-ZIP	MIAMI FL 33143			CITY-ST-ZIP					
TITLE	VD -		☐ Delete	TITLE	Miami	BEAUH,	FL 33139	enange	☐ Addition
NAME	ANTONUCCI, CLAUDIA			NAME	V.D.				
STREET ADDRESS	635 EUCLID AVE #227			STREET ADDRESS	_				ļ
CITY-ST-ZIP	MIAMI, BCH FL 33139			CITY-ST-ZIP	DELLE	vice,	JULIA.		
TITLE			Delête	TILLE	-349-M	ERIDIAN	JULIA. =AV-#-1=	~ Change ~	
NAME				NAME	111100	LEADY	FL 33/3	<	ľ
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CITY-ST-ZIP				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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR