

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078732

1. Entity Name

PONMAS CORPORATION

Principal Place of Business

2600 DOUGLAS ROAD STE 500
CORAL GABLES FL 33134

Mailing Address

PO BOX 141898
CORAL GABLES FL 33114
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JONATHAN H GREEN & ASSOCIATES PA
799 BRICKELL PLAZA STE 700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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.

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 P ☐ Delete
NAME PONCE, JUAN E
STREET ADDRESS 821 SOROLLA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ST ☐ Delete
NAME CANOSA, RAMON E M
STREET ADDRESS 6350 SW 114TH ST
CITY-ST-ZIP PINECREST FL 33156

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:
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition:
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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:

Ramon E. Mas Ramon E. Mas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90353 049 ***150.00

00038832



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)