

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90177 012 ***158.75

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 800 Douglas Road
 Suite, Apt. #, etc.
 North Tower - Suite 900
 City & State
 Coral Gables, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 65-0967257

Applied For
 Not Applicable

Zip
 33134

Country
 USA

Zip

Country

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

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 → HASCANOSA, RAMON E.
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ramon E. HasCanosa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

(305) 443-8771
 Daytime Phone #

CR2E034 (9/01)