2000 UNIFORM BUSINESS REPORT (UBR)

1092

DOCUMENT # P99000087973

1. Entity Name

Pantera Publishing Group Inc

FILED

00 SEP 28 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
190 NE 199 st suite 100 North Miami Beach, FL 33179	" Same "

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
190 NE 199 st	
Suite, Apt. #, etc Suite 100	Suite, Apt. #, etc.
City & State NMB FL 33179	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-095-9499 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Samuel A Mones Esq 407 Lincoln Road suite 2A Miami Beach, FL 33139	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 _____ 8/26/00

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
	President Director Kesavala 190 NE 199 st suite 100 NMB, FL 33179		700003420687--3 -10/10/00--01085--010 ****150.00 ****150.00	
	Treasurer Curie Somers 190 NE 199 st suite 100 NMB FL 33179	☑ Delete		☐ Change ☐ Addition
		☐ Delete	Treasurer Liz Villa 190 NE 199 st suite 100 NMB, FL 33179	☐ Change ☑ Addition
		☐ Delete	Secretary Uri Chetti 190 NE 199 st Suite 100 NMB, FL 33179	☐ Change ☑ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	LS	☐ Change ☐ Addition

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: _____ 8/26/00 (305)493-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (9/99)