

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32912

1. Entity Name

PAMAR ENTERPRISES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90042 011 ***150.00

Principal Place of Business

Mailing Address

11817 WOODSONG CT.
BOCA RATON FL 33428
US

11817 WOODSONG CT.
BOCA RATON FL 33076-1934
US

2. Principal Place of Business

3. Mailing Address

5867 NW 126 TERR
Suite, Apt. #, etc.

5867 NW 126 TERR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0245762

Applied For

Not Applicable

Zip

Country

33076

Zip

Country

33076

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

BILTIS, MARVIN
11817 WOODSONG CT.
BOCA RATON FL 33428

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

Marvin Biltis

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	PD	<input type="checkbox"/> Delete
NAME	BILTIS, MARVIN	
STREET ADDRESS	11817 WOODSONG CT.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BILTIS, PAMELA	
STREET ADDRESS	11817 WOODSONG CT.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN BILTIS	
STREET ADDRESS	5867 NW 126 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA BILTIS	
STREET ADDRESS	5867 NW 126 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marvin Biltis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00 561 478 3292

CR2E034 (9/99)