2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03562 May 10, 2000 8:00 am Secretary of State 1. Entity Name PANDA INDUSTRIES, INC. 05-10-2000 90107 037 ***150.00 Mailing Address Principal Place of Business 7320 NE 1 PL 7320 NE 1 PL MIAMI FL 33138-5302 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0414360 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUBLIN. ALVIN E Street Address (P.O. Box Number is Not Acceptable) 5200 WHITE OAK LANE TAMARAC FL 33319 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITI F TITLE KUBLIN, ALVIN E. NAME NAME STREET ADDRESS STREET ADDRESS 7320 NE 1 PL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP ~ [Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP been not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director expire this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered. 13. I hereby certify that the information end with this filli indicated on this report or suppl

of the corporation or the receive or trightee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with a dadress, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNIFIC DIFFECTOR

Date

Date

Daytone Phone #