


2001 UNIFORM BUSINESS REPORT (UBR)

0006568 AF

DOCUMENT # A97000001885
 1. Entity Name
PACIFIC GROUP, LTD.

FILED
 01 APR 16 PM 12:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business Mailing Address
 26 WESTWARD DR. 26 WESTWARD DR.
 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 65-0778403 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALWEISS, IRA
26 WESTWARD DR.
MIAMI SPRINGS FL 33166

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$10,000,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **SAME**
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ALWEISS, IRA	STREET ADDRESS	
NAME	26 WESTWARD DR.	CITY-ST-ZIP	
STREET ADDRESS	MIAMI SPRINGS FL 33166		
CITY-ST-ZIP			
DOCUMENT #	ALWEISS, ALAN	STREET ADDRESS	
NAME	26 WESTWARD DR.	CITY-ST-ZIP	
STREET ADDRESS	MIAMI SPRINGS FL 33166		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100004064481--6
NAME		CITY-ST-ZIP	-04/24/01--01093--005
STREET ADDRESS			***526.25 ***526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **4/6/01** **305-885-2461**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)