


# 2002 UNIFORM BUSINESS REPORT (UBR)

0010553 AT

**DOCUMENT # A97000001885**

1. Entity Name  
**PACIFIC GROUP, LTD.**

**FILED**  
**2002 MAY -8 PM 1:50**  
 DIVISION OF CORPORATIONS  
 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

**4801 S. UNIVERSITY DR.**      **P.O. BOX 661169**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**DAVIE FLA.**      **MIAMI SPRINGS FLA**

Zip      Country      Zip      Country

**33328**      **U.S.**      **33166**      **U.S.**

**DUE BY MAY 1, 2002**

4. FEI Number      Applied For

**65-0778403**      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)

**4801 S. UNIVERSITY DR.**

City      State      Zip Code

**DAVIE**      **FL**      **33328**

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.

9. Capital Contributions as Shown on record.      **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	ALWEISS, IRA
NAME	26 WESTWARD DR.
STREET ADDRESS	MIAMI SPRINGS FL 33166
CITY-ST-ZIP	
DOCUMENT #	ALWEISS, ALAN
NAME	26 WESTWARD DR.
STREET ADDRESS	MIAMI SPRINGS FL 33166
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>4801 S. UNIVERSITY DR</b>
CITY-ST-ZIP	<b>DAVIE, FLA. 33328</b>
STREET ADDRESS	<b>4801 S. UNIVERSITY DR.</b>
CITY-ST-ZIP	<b>DAVIE, FLA. 33328</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700005600467--7</b>
CITY-ST-ZIP	<b>05/23/02--01069--016</b> <b>***535.00 ***535.00</b>
STREET ADDRESS	
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:**  **IRA ALWEISS**      **4-16-02**      **305-285-0789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CF2E003 (9/01)