

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90359 012 \*\*\*150.00

**DOCUMENT # H03738**

1. Entity Name

**BATAN MIAMI CORP.**

Principal Place of Business

Mailing Address

C/O PACIFIC R E MGMT CORP/ 2490 CORAL WAY  
#403  
MIAMI FL 33145  
US

C/O PACIFIC RE MGMT CORP/2490 CORAL WAY  
#403  
MIAMI FL 33145  
US

2. Principal Place of Business  
**C/O PACIFIC R.E. MGMT. CORP  
2600 DOUGLAS ROAD**

3. Mailing Address  
**C/O PACIFIC R.E. MGMT. CORP.  
2600 DOUGLAS ROAD**

Suite, Apt. #, etc.

**1004**

Suite, Apt. #, etc.

**1004**

City & State  
**CORAL GABLES, FL.**

City & State  
**CORAL GABLES, FL.**

Zip  
**33134**

Country  
**US**

Zip  
**33134**

Country  
**US**

4. FEI Number **13-3227527**

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

**MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA  
25 S.E. SECOND AVENUE, SUITE #900  
MIAMI FL 33131**

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

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 **P** ☐ Delete  
NAME **SCHULTHEIS, THEODORE**  
STREET ADDRESS **2490 CORAL WAY #403**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **2600 DOUGLAS ROAD**  
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **DVP** ☐ Delete  
NAME **ISAIAS, ROBERTO**  
STREET ADDRESS **2800 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **2600 DOUGLAS ROAD**  
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **DT** ☐ Delete  
NAME **ISAIAS, WILLIAM**  
STREET ADDRESS **2800 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **2600 DOUGLAS ROAD**  
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **DS** ☐ Delete  
NAME **ISAIAS, ESTEFANO**  
STREET ADDRESS **2800 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **2600 DOUGLAS ROAD**  
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERTO ISAIAS 1-21-00 305-529-2488**

Date

Daytime Phone #

CR2E034 (9/99)