

**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



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc. **1004**

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

4. FEI Number **13-3227527**  
 Applied For  Not Applicable

Zip **33134** Country **US**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA**  
**25 S.E. SECOND AVENUE, SUITE #900**  
**MIAMI FL 33131**

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHULTHEIS, THEODORE</b> <b>2490 CORAL WAY #403</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>SAME</b> <b>SAME</b> <b>2600 DOUGLAS ROAD</b> <b>CORAL GABLES, FL. 33134</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>ISAIAS, ROBERTO</b> <b>2800 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>SAME</b> <b>SAME</b> <b>2600 DOUGLAS ROAD</b> <b>CORAL GABLES, FL. 33134</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>ISAIAS, WILLIAM</b> <b>2800 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>SAME</b> <b>SAME</b> <b>2600 DOUGLAS ROAD</b> <b>CORAL GABLES, FL. 33134</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>ISAIAS, ESTEFANO</b> <b>2800 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>SAME</b> <b>SAME</b> <b>2600 DOUGLAS ROAD</b> <b>CORAL GABLES, FL. 33134</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERTO ISAIAS** 1-21-00 305-529-2488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)