

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K89048**

1. Entity Name
PACIFIC CONDOS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90045 009 ***150.00

Principal Place of Business C/O PACIFIC R.E. MGMT. CORP. 2490 CORAL WAY SUITE #403 MIAMI FL 33145 US	Mailing Address C/O PACIFIC R.E. MGMT. CORP. 2490 CORAL WAY SUITE #403 MIAMI FL 33145-3449 US
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DO NOT WRITE IN THIS SPACE

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
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Suite, Apt. #, etc. 1004	Suite, Apt. #, etc. 1004
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City & State CORAL GABLES, FL.	City & State CORAL GABLES, FL.
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4. FEI Number 65-0198556	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country US	Zip 33134	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MURAI, WALD, BIONDO, & MORENO PA
900 INGRAHAM BLDG.
25 SE 2ND AVE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PD	<input type="checkbox"/> Delete
NAME ISAIAS, ROBERTO	
STREET ADDRESS 2800 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES FL	
TITLE VDT	<input type="checkbox"/> Delete
NAME ISAIAS, WILLIAM	
STREET ADDRESS 2800 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES FL	
TITLE VDS	<input type="checkbox"/> Delete
NAME ISAIAS, ESTEFANO	
STREET ADDRESS 2800 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES FL	
TITLE V	<input type="checkbox"/> Delete
NAME SCHULTHEIS, THEODORE	
STREET ADDRESS 2490 CORAL WAY #403	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 2600 DOUGLAS ROAD # 1004	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 2600 DOUGLAS ROAD # 1004	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 2600 DOUGLAS ROAD # 1004	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROBERTO ISAIAS** 1-21-00 305-529-2488
Date: _____ Daytime Phone #: _____

CR2E034 (9/99)