


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90106 045 ***150.00

0229865 AV

| | |
|--|---|
| DOCUMENT # K89048 |  |
| 1. Entity Name PACIFIC CONDOS, INC. | |

| | |
|---|---|
| Principal Place of Business C/O PACIFIC R.E. MGMT. CORP. 2600 DOUGLAS RD., # 1004 MIAMI FL 33134 US | Mailing Address C/O PACIFIC R.E. MGMT. CORP. 2600 DOUGLAS RD., # 1004 MIAMI FL 33134 US |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0198556 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|



CHECK HERE IF MAKING CHANGES

| |
|---|
| 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. I am familiar with, and accept the obligations of registered agent.

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

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ISAIAS, ROBERTO <input type="checkbox"/> Delete 2600 DOUGLAS RD., # 1004 CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDT ISAIAS, WILLIAM <input type="checkbox"/> Delete 2600 DOUGLAS RD., # 1004 CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS ISAIAS, ESTEFANO <input type="checkbox"/> Delete 2600 DOUGLAS RD., #1004 CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHULTHEIS, THEODORE <input type="checkbox"/> Delete 2600 DOUGLAS RD., # 1004 CORAL GABLES FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ROBERTO ISAIAS **REQUIRE** 4-1-03 305-529-2488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)