

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90997 037 ***150.00

DOCUMENT # L72297
 1. Entity Name
PACIFIC INTERNATIONAL REALTY, INC.

Principal Place of Business 11098 BISCAYNE BLVD. SUITE 401 MIAMI FL 33161	Mailing Address 11098 BISCAYNE BLVD. SUITE 401 MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20803 Biscayne Blvd Suite, Apt. #, etc. Suite 200 City & State Aventura, FL Zip 33180 Country USA	3. Mailing Address 20803 Biscayne Blvd Suite, Apt. #, etc. Suite 200 City & State Aventura, FL Zip 33180 Country USA
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4. FEI Number 65-0194453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEDZOW, MICHAEL
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name
OLGA L. ALEMAN, LL.M.
 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 **4-23-01**
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, 2001 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 PTD	<input checked="" type="checkbox"/> Delete
NAME BEDZOW, CHARLES	
STREET ADDRESS 11098 BISCAYNE BLVD #402	
CITY-ST-ZIP MIAMI FL 33161	
TITLE VSD	<input checked="" type="checkbox"/> Delete
NAME BEDZOW, SARA	
STREET ADDRESS 11098 BISCAYNE BLVD #402	
CITY-ST-ZIP MIAMI FL 33161	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MICHAEL BEDZOW, ESQ.	
STREET ADDRESS 20803 BISCAYNE BLVD #200	
CITY-ST-ZIP AVENTURA, FL 33180	
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	
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: **4/25/01** **305/891-7987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)