

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0309454 AV

**DOCUMENT # L72297**

1. Entity Name  
**GROUPE PACIFIC REALTY, INC.**



APPROVED  
AND  
FILED

03 MAY -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XA



Principal Place of Business <b>20803 BISCAYNE BLVD STE 200 AVENTURA FL 33180</b>	Mailing Address <b>20803 BISCAYNE BLVD STE 200 AVENTURA FL 33180</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0194453</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ALEMAN, OLGA L LLM**  
**20803 BISCAYNE BLVD**  
**SUITE 200**  
**AVENTURA FL 33180**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<b>PSTD</b> <input type="checkbox"/> Delete
NAME	<b>BEDZOW, MICHAEL ESQ</b>
STREET ADDRESS	<b>20803 BISCAYNE BLVD #200</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>VSD</b> <input type="checkbox"/> Delete
NAME	<b>DAVID, ALAN M</b>
STREET ADDRESS	<b>20803 BISCAYNE BLVD., STE 200</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200018022462</b>
STREET ADDRESS	<b>05/05/03--01111--002 **3102.50</b>
CITY-ST-ZIP	<b>Vice president only</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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: *[Signature]* **S. M. G. G. G. G. G.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 29/03** Daytime Phone #: **305 8917987**

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