

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90108 007 \*\*\*150.00

**DOCUMENT # P96000002763**

1. Entity Name

**PACIFIC INTERNATIONAL ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**879 SAN REMO DRIVE  
 FT. LAUDERDALE FL 33326**

**879 SAN REMO DRIVE  
 FT. LAUDERDALE FL 33326**

2. Principal Place of Business

3. Mailing Address

**2029 Quail Post Drive**

**2029 Quail Post Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESTON FL**

City & State

**WESTON, FL**

4. FEI Number

**65-0639078**

Applied For

Not Applicable

Zip

**33327**

Country

**USA**

Zip

**33327**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CELI, CARLOS A  
 879 SAN REMO DRIVE  
 FT. LAUDERDALE FL 33326**

Name **Celi Carlos A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2029 Quail Post Drive**

City **WESTON**

**FL**

Zip Code **33327**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**Carlos A. Celi / President**

**1/11/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME           | STREET ADDRESS     | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|----------------|--------------------|-------------------------|---------------------------------|
| D     | CELI, CARLOS A | 879 SAN REMO DRIVE | FT. LAUDERDALE FL 33326 | <input type="checkbox"/>        |
| D     | CELI, MAYRA A  | 879 SAN REMO DRIVE | FT. LAUDERDALE FL 33326 | <input type="checkbox"/>        |
|       |                |                    |                         | <input type="checkbox"/>        |
|       |                |                    |                         | <input type="checkbox"/>        |
|       |                |                    |                         | <input type="checkbox"/>        |
|       |                |                    |                         | <input type="checkbox"/>        |

| TITLE | NAME           | STREET ADDRESS        | CITY-ST-ZIP      | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------|-----------------------|------------------|--|-----------------------------------|
| D     | Celi Carlos A. | 2029 Quail Post Drive | WESTON, FL 33327 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
| D     | Celi, Mayra A. | 2029 Quail Post Drive | WESTON, FL 33327 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |                |                       |                  | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                |                       |                  | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                |                       |                  | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                |                       |                  | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carlos A. Celi**

Date

**1/11/01**

Daytime Phone #

**(254) 389-0394**

CR2E034 (10/00)