

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2000 90045 008 ***150.00

DOCUMENT # S75285

1. Entity Name
PACIFIC REAL ESTATE MANAGEMENT CORPORATION

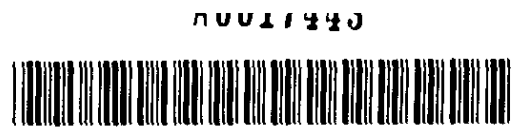
Principal Place of Business 2490 CORAL WAY STE. 403 MIAMI FL 33145 US	Mailing Address 2490 CORAL WAY STE. 403 MIAMI FL 33145-3449 US
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2. Principal Place of Business 2600 DOUGLAS ROAD Suite, Apt. #, etc. 1004	3. Mailing Address 2600 DOUGLAS ROAD Suite, Apt. #, etc. 1004
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City & State CORAL GABLES FL	City & State CORAL GABLES, FL
Zip 33134 Country US	Zip 33134 Country US

4. FEI Number **65-0278101** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MURAI, WALD, BIONDO & MORENO, P.A.
25 SE 2ND AVENUE
900 INGRAHAM BLDG.
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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP ISAIAS, ROBERTO 2800 PONCE DE LEON BLVD. CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ISAIAS, ESTEFANO 2800 PONCE DE LEON BLVD. CORAL GABLES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS ST-ZIP	DVT ISAIAS, WILLIAM 2800 PONCE DE LEON BLVD. CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS ST-ZIP	V SCHULTHEIS, THEODORE 2490 CORAL WAY #403 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS ST-ZIP	V LOPEZ, ROBERT 2490 CORAL WAY, STE. 403 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL. 33134 <input checked="" 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

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: Robert Lopez **ROBERT LOPEZ** **2-1-2000** **305-529-2488**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)