FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State S75285 DOCUMENT # 1. Entity Name PACIFIC REAL ESTATE MANAGEMENT CORPORATION 04-18-2002 90391 009 \*\*\*150 00 Principal Place of Business Mailing Address 2600 DOUGLAS ROAD 2600 DOUGLAS ROAD 1004 1004 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0278101 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name MURAI, WALD, BIONDO & MORENO, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVENUE 900 INGRAHAM BLDG. MIAMI FL 33131 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition Addition ☐ Delete TITLE TITLE ISAIAS, ROBERTO NAME NAME 2600 DOUGLAS ROAD, SUITE 1004 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ISAIAS, ESTEFANO NAME NAME 2600 DOUGLAS ROAD, SUITE 1004 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE DVT ☐ Delete TITLE ISAIS, WILLIAM NAME. -NAME SUITE 1004 2600 DOUGLAS ROAD, SUITE 1001 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SCHULTHEIS, THEODORE NAME 2600 DOUGLAS ROAD, SUITE 1004 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE LOPEZ, ROBERT NAME NAME 2600 DOUGLAS ROAD, SUITE 1004 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address, with all other like empowered.

4-10-02

Daytime Phone #