


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90183 029 \*\*\*150.00

**DOCUMENT # S75285**

1. Entity Name  
**PACIFIC REAL ESTATE MANAGEMENT CORPORATION**



Principal Place of Business  
2600 DOUGLAS ROAD  
1004  
CORAL GABLES FL 33134  
US

Mailing Address  
2600 DOUGLAS ROAD  
1004  
CORAL GABLES FL 33134  
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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	DP	<input type="checkbox"/> Delete
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ISAIAS, ESTEFANO	
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ISAIS, WILLIAM	
STREET ADDRESS	2600 DOUGLAS RD, STE 1004	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULTHEIS, THEODORE	
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOPEZ, ROBERT	
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		
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		

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: ROBERT LOPEZ **3-28-03** **305-529-2488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)