2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State
07-30-2002 90381 039 ****55.00

DOCUMENT # L01000013255

1. Entity Name
PACIFIC PROPERTY MANAGEMENT LLC

41288

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13925 SW 100 LANE MIAMI FL 33186 US	13925 SW 100 LANE MIAMI FL 33186 US

2. Principal Place of Business		3. Mailing Address	
11401 S.W. 40 Street		11401 SW. 40 St	
Suite, Apt. #, etc.: Suite 333		Suite, Apt. #, etc.: Suite 333	
City & State: Miami, FL.		City & State: Miami, Fl.	
Zip: 33165	Country: U.S.	Zip: 33165	Country: U.S

4. FEI Number: 65-1133257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE SANTIAGO, CARMEN L
13925 SW 100 LANE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 11401 SW. 40 Street
Suite 333
City: Miami FL Zip Code: 33165

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] 7/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARMEN L. DE SANTIAGO 11401 S.W. 40 St, Suite 333 Miami, Fl. 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 7/24/02 305-554-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #