

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90066 003 ***150.00

DOCUMENT # 673714

Entity Name
PACIFIER INDUSTRIES, INC.

Principal Place of Business
25 MIAMI LAKES DR
SUITE 320
MIAMI LAKES FL 33014

Mailing Address
6625 MIAMI LAKES DR
SUITE 320
MIAMI LAKES FL 33014-2705
US

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number
59-2015602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEONARD G. BIERMAN
6625 MIAMI LAKES DR
SUITE 320
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	DELETE		TITLE	CHANGE	ADDITION
VE			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		
NAME	DELETE		TITLE	CHANGE	ADDITION
VE			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		
NAME	DELETE		TITLE	CHANGE	ADDITION
VE			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		
NAME	DELETE		TITLE	CHANGE	ADDITION
VE			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		
NAME	DELETE		TITLE	CHANGE	ADDITION
VE			NAME		
REET ADDRESS			STREET ADDRESS		
Y-ST-ZIP			CITY-ST-ZIP		

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: *Leonard G. Bierman* 3/31/00 305-822-9395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #