APPROVEE

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9300000526 & &						AND FILED	
THE COURTS AT SOUTH BEACH, LTD.							02 APR 19 AM 10: 24
Principal Place of Business Mailing Address  2000 PISCAVALE PLAD CHITE 200							SECRETARY OF STATE TAULAHASSEE, FLORIDA
20803 BISCAYNE BLVD SUITE 200  AVENTURA FL 33180  AVENTURA FL 33180  20803 BISCAYNE BLVD SUITE 200  AVENTURA FL 33180					200		# 180/01/ 10/0 10/00 SHALL BOLL COLLING BOLL COLLING C
Principal Place of Business     A. Mailing A.				ng Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002
City & State			City & State				4. FEI Number 65-0416901 Applied For Not Applicable
Zip	ip Country		Zip	Cou	Country		5. Certificate of Status Desired - \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name		
ALEMAN, OLGA L 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180					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 Signature, typed or printed name of registered agent and title if applicable.  DATE							
9. Capital Contributions as Shown on record.  \$100.00  10. Amount of Capital in FLORIDA to da					Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE NOTE: General Partners MAY NOT be changed on the form; an am						GIST	TERED AND ACTIVE WITH THIS DESICE
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME	PACIFIC INTERNATIONAL TELECOMMUNICATIONS				REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY		8000054506482	
DOCUMENT # P93000028542 NAME PACIFIC INTERNATIONAL SOUTH BEACH, INC.				STE	REET ADDRESS		-05/03/0201077020 ****141.25 ****141.25
STREET ADDRESS CITY-ST-ZIP	EET ADDRESS 20803 BISCAYNE BLVD., SUITE 200			CIT	Y-ST-ZIP	The second of th	
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DOCUMENT # . NAME				STA	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP		

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_

SIGNATURE AND TYPES OF PRINCED NAME OF SIGNING GENERAL PARTNER

4/16/02 305-891-7987