

# 2000 UNIFORM BUSINESS REPORT (UBR)

2018013 AF

DOCUMENT # A96000001117

1. Entity Name

WESTERN PACIFIC, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

*[Handwritten signature]*

Principal Place of Business

901 MARTIN DOWNS BLVD., SUITE 216  
PALM CITY FL 34990

Mailing Address

P.O. BOX 439  
PALM CITY FL 34991-0439



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0676299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICE OF RUDOLPH M. DI LASCIO, JR., PA  
5798 JOHNSON STREET  
HOLLYWOOD FL 33021

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$450,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

450,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000050216  
NAME PROSERVE INTERNATIONAL, INC.  
STREET ADDRESS 901 MARTIN DOWNS BLVD., SUITE 216  
CITY - ST - ZIP PALM CITY FL 34990

STREET ADDRESS

CITY - ST - ZIP

300003264273-5

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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:

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Handwritten signature]* (Pres) 01/7/00 (501) 280-  
Proserve International Inc  
Date Daytime Phone # 116108

CR2E003 (9/99)