

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000146

1. Entity Name

PACIFIC ASSET MANAGEMENT LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33

Principal Place of Business  
20100 HIGHLAND LAKES BLVD  
MIAMI FL 33179

Mailing Address  
20100 HIGHLAND LAKES BLVD  
MIAMI FL 33179-2814



2. Principal Place of Business

998 NE 167 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State

4. FEI Number  
88-0432421

Applied For  
Not Applicable

Zip 33162 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

SHAHAB, EMILIE  
20100 HIGHLAND LAKES BLVD  
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name EMILIE S KALAM  
Street Address (P.O. Box Number is Not Acceptable)  
20100 HIGHLAND LAKES BLVD  
MIAMI  
City FL Zip Code 33179

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

Emilie Shahab

6-1-2000

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. \$60,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #  
NAME SHAHAB, EMILIE  
STREET ADDRESS 20100 HIGHLAND LAKES BLVD  
CITY-ST-ZIP MIAMI FL 33179

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME KALAM, SHAHAB  
STREET ADDRESS 20100 HIGHLAND LAKES BLVD  
CITY-ST-ZIP MIAMI FL 33179

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6-1-2000