

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001113

1. Entity Name

FIRST PACIFIC FINANCIAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90165 037 ***150.00

Principal Place of Business	Mailing Address
18301 VON KARMAN AVENUE, SUITE 100 IRVINE CA 92612-1009 9	18301 VON KARMAN AVENUE, SUITE 100 IRVINE CA 92612-0102 9



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
18301 Von Karman Avenue		18301 Von Karman Avenue	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110	
City & State Irvine, CA		City & State Irvine, CA	
Zip 92612-1009	Country USA	Zip 92612-1009	Country USA

4. FEI Number	33-0051773	Applied For
		Not Applicable

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

FLORIDA COMPLIANCE SPECIALISTS, INC.
1475 TUNGHILL DR.
TALLAHASSEE FL 32311

Name
Florida Compliance Specialists, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1331 East Lafayette Street
Suite F
City
Tallahassee FL Zip Code
32301

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. 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

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	HARSINI, MEHRAN Z	
STREET ADDRESS	30392 LE PORT	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	TDC	<input type="checkbox"/> Delete
NAME	STEARNS, GLENN B	
STREET ADDRESS	6 VIA DEL TESORO	
CITY-ST-ZIP	SAN CLEMENTE CA 92672	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harsini, Mehran Z	
STREET ADDRESS	2 Vista Montemar	
CITY-ST-ZIP	Laguna Niguel, CA 92677	
TITLE	TDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stearns, Glenn B.	
STREET ADDRESS	17 Gleneagles Drive	
CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Harsini, President 02/22/00 (949) 567-7777

Date

Daytime Phone #

CR2E034 (9/99)