

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005698

1. Entity Name
PACIFIC BESTOURS INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State
07-21-2000 90161 035 ***550.00

Principal Place of Business
80 S.W. 8TH STREET, SUITE ~~601~~ 2601
MIAMI FL 33130

Mailing Address
80 S.W. 8TH STREET, SUITE ~~601~~ 2601
MIAMI FL 33130

2. Principal Place of Business
Suite, Apt. #, etc. Suite 2601
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. Suite 2601
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3112277
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKES, PHIL		NAME		
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2601		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEY, ANDREW C		NAME		
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2601		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	VASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, BARRY S		NAME		
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2601		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, ROB.		NAME	TOW, CRAIG S.	
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2601		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Barry Kaplan
Barry Kaplan, Exec. VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.12.00
Date

305.908-7566
Daytime Phone #

CR2E034 (5/00)