

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2001 08:00 AM
Secretary of State

DOCUMENT # F99000005698

1. Entity Name
PACIFIC BESTOURS INC.

Principal Place of Business 80 S.W. 8TH STREET, SUITE 601 STE 2601 MIAMI FL 33130	Mailing Address 80 S.W. 8TH STREET, SUITE 601 STE 2601 MIAMI FL 33130
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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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 323012525 US

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 _____ DATE **01/12/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CFO ERICKSON ROB <input type="checkbox"/> Delete 80 S.W. 8TH STREET, SUITE 2601 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD KAPLAN BARRY S <input type="checkbox"/> Delete 80 S.W. 8TH STREET, SUITE 2601 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCKEY ANDREW C <input type="checkbox"/> Delete 80 S.W. 8TH STREET, SUITE 2601 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKES PHIL <input type="checkbox"/> Delete 80 S.W. 8TH STREET, SUITE 2601 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TOLL CRAIG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 80 S.W. 8TH STREET, SUITE 2601 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Mr. **01/12/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)