2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42044

1. Entity Name

PACIFIC INTERNATIONAL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

11098 BISCAYNE BLVD

11098 BISCAYNE BLVD

SUITE 402 MIAMI FL 33161

SUITE 402 MIAMI FL 33161

2. Principal Place of Business 20503 Biscarre Blood Suite, Apt. #, etc. Ste 200 City & State Oventura Fl Zip Country	3. Mailing Address Suite, Apt. #, etc. Ste 200 City & State Country Zip Coun		DO NOT WRITE IN THIS SE	Applied For Not Applicable 8.75 Additional
Zip 33/80 Country USA	33)80 L	LO7	Fertilicate of Status Desired Fr	ee Required
6. Name and Address of Current Registered Agent		7.	7. Name and Address of New Registered Agent	
BEDZOW, MICHAEL 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180		Name ULGOL L. ALEMAN, LL, MI Street Address (P.O. Box Number is Not Acceptable)		
		City	FL	Zip Code
8. The above named entity submits has systement 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) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 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 F	NRECTORS 12	Δ	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11

PSTD PDI TITLE ☐ Change TITLE Delete MICHAEL BEDZOW, ESq. 20803 BISCAUPE BLOW #200 BEDZOW, CHARLES NAME NAME 11098 BISCAYNE BLVD #402 STREET ADDRESS STREET ADDRESS **MIAMI FL 33161** CITY-ST-ZIP CITY-ST-ZIP VSD Addition Delete TITLE BEDZOW, SARA Toe Samaha NAME 20803 Biscoupe BLVd H200 11098 BISCAYNE BLVD #402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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 at other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

305/891-795-Oaytime Phone #

FILED

May 03, 2001 8:00 am Secretary of State

05-03-2001 90997 040 ***150.00

CR2E034 (10/00