

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K50648****1. Entity Name**
PACIFIC INTERNATIONAL MARKETING, INC.**Principal Place of Business****20803 BISCAYNE BLVD**
SUITE 200
MIAMI FL 33180**Mailing Address****20803 BISCAYNE BLVD**
SUITE 200
MIAMI FL 33180**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0191729

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****ALEMAN, OLGA L LLM**
20803 BISCAYNE BLVD
SUITE 200
AVNETURA FL 33261-9002**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**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BEDZOW, MICHAEL	
STREET ADDRESS	20803 BISCAYNE BLVD #200	
CITY-ST-ZIP	AVNETURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVID, ALAN M	
STREET ADDRESS	20803 BISCAYNE BLVD #200	
CITY-ST-ZIP	AVNETURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALPER, SUSAN	
STREET ADDRESS	20803 BISCAYNE BLVD #200	
CITY-ST-ZIP	AVNETURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, SCOTT W	
STREET ADDRESS	20803 BISCAYNE BLVD #200	
CITY-ST-ZIP	AVNETURA FL 33180	
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		<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
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STREET ADDRESS		
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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

Date

Daytime Phone #

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90412 001 *3,000.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)