

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89048

1. Entity Name

PACIFIC CONDOS, INC.

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90045 009 \*\*\*150.00

Principal Place of Business

C/O PACIFIC R.E. MGMT. CORP.  
2490 CORAL WAY SUITE #403  
MIAMI FL 33145  
US

Mailing Address

C/O PACIFIC R.E. MGMT. CORP.  
2490 CORAL WAY SUITE #403  
MIAMI FL 33145-3449  
US



DO NOT WRITE IN THIS SPACE

C/O PACIFIC R.E. MGMT. CORP.  
2600 DUNGLAS ROAD

C/O PACIFIC R.E. MGMT. CORP.  
2600 DUNGLAS ROAD

Suite, Apt. #, etc.

1004

Suite, Apt. #, etc.

1004

City & State  
CORAL GABLES, FL.

City & State  
CORAL GABLES, FL.

4. FEI Number 65-0198556

Applied For  
Not Applicable

Zip 33134

Country US

Zip 33134

Country US

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

MURAI, WALD, BIONDO, & MORENO PA  
900 INGRAHAM BLDG.  
25 SE 2ND AVE  
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ISAIAS, ROBERTO  
STREET ADDRESS 2800 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE SAME  
NAME SAME  
STREET ADDRESS 2600 DUNGLAS ROAD # 1004  
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☒ Change ☐ Addition

TITLE VDT  
NAME ISAIAS, WILLIAM  
STREET ADDRESS 2800 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE SAME  
NAME SAME  
STREET ADDRESS 2600 DOUGLAS ROAD # 1004  
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☒ Change ☐ Addition

TITLE VDS  
NAME ISAIAS, ESTEFANO  
STREET ADDRESS 2800 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE SAME  
NAME SAME  
STREET ADDRESS 2600 DOUGLAS ROAD # 1004  
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☒ Change ☐ Addition

TITLE V  
NAME SCHULTHEIS, THEODORE  
STREET ADDRESS 2490 CORAL WAY #403  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SAME  
NAME SAME  
STREET ADDRESS 2600 DUNGLAS ROAD # 1004  
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO ISAIAS 1-21-00 305-529-2488

Date

Daytime Phone #

CR2E034 (9/99)