

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K98966**

1. Entity Name

400 ALHAMBRA CIRCLE CORPORATION

Principal Place of Business

C/O PACIFIC RG MGMT CORP.
2600 DOUGLAD RD #1004
CORAL GABLES FL 33134
US

Mailing Address

C/O PACIFIC RG MGMT CORP.
2600 DOUGLAD RD #1004
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0198558**

Applied For

Not Applicable

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 SOUTHEAST 2ND AVENUE
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	ISAIAS, ROBERTO	2600 DOUGLAS RD #1004 MIAMI FL	<input type="checkbox"/>
	VDT	ISAIAS, WILLIAM	2600 DOUGLAS RD #1004 MIAMI FL	<input type="checkbox"/>
	VDS	ISAIAS, ESTEFANO	2600 DOUGLAS RD #1004 MIAMI FL	<input type="checkbox"/>
	V	SCHULTHEIS, THEODORE	2600 DOUGLAS RD #1004 MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 3-16-2001

Date

Daytime Phone #

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90061 008 ***150.00

00036293

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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