2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # L74076** 1. Entity Name PACIFIC SECURITY INVESTMENT CORP. 94-03-2001 90101 004 ***158.75 Principal Place of Business Mailing Address C/O CPG HOLDINGS. INC. C/O CPG HOLDINGS, INC. ONE BISCAYNE TOWER, STE, 1470 ONE BISCAYNE TOWER, STE. 1470 C0041098 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0198042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, RICHARD J PA 2655 LE JEUNE RD. ' 5TH FLOOR 470 CORAL GABLES FL 33134 8. The above itis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE io titte il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Decretary TITLE Change TITLE ☐ Delete Alain de Grelle CUSTER, FELIPE ANTONIO NAME NAME STREET ADDRESS c/o c/G Holdings Inc STREET ADDRESS ONE BISCAYNE-TOWER, STE. 1470 --One Biscaure TOWER, STE 1470 Hiami CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** TITI F Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 receiper 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 of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w n all other like empowered.