

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000002546**

1. Entity Name  
**PAC-RIM FINANCE COMPANY L.L.C.**

**FILED**

**00 APR 10 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business 5110 CAUSEWAY BLVD. TAMPA FL 33619	Mailing Address 5110 CAUSEWAY BLVD. TAMPA FL 33619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3541918**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REEDY, MICHAEL CPA  
305 N. PARSONS AVENUE  
BRANDON FL 33510**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM I W C INTERNATIONAL INC. 5110 CAUSEWAY BLVD. TAMPA FL 33619	<input type="checkbox"/>		
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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\*\*\*\*\*50.00 \*\*\*\*\*50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED      Date 3/21/2000      Daytime Phone # 813-241-663X209

CR2E083 (9/99)