

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91212 015 *****50.00

DOCUMENT # L98000002546

1. Entity Name

PAC-RIM FINANCE COMPANY L.L.C.

Principal Place of Business

**5110 CAUSEWAY BLVD.
 TAMPA FL 33619**

Mailing Address

**5110 CAUSEWAY BLVD.
 TAMPA FL 33619**

2. Principal Place of Business

2713 FALLING LEAVES DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

4. FEI Number

59-3541918

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM I W C INTERNATIONAL INC.** Delete
 STREET ADDRESS **5110 CAUSEWAY BLVD.**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE NAME Delete
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TITLE NAME Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM I W C INTERNATIONAL INC.** Change Addition
 STREET ADDRESS **2713 FALLING LEAVES DRIVE**
 CITY-ST-ZIP **VALRICO, FL, 33594**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-15-02

Date

813-242-6163

Daytime Phone #

CR2E083 (9/01)