

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

Zip

333594

Country

USA

Zip

Country

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM** ☒ Change ☐ Addition
STREET ADDRESS **I W C INTERNATIONAL INC.**
CITY-ST-ZIP **2713 FALLING LEAVES DRIVE
VALRICO, FL 333594**

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

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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 REQUIRED

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

3-15-02

813-242-6163

Date

Daytime Phone #

CR2E083 (9/01)