

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90137 050 \*\*\*150.00

DOCUMENT # L98452

1. Entity Name

VIRGINIA LAND HOLDINGS, INC.

Principal Place of Business

Mailing Address

C/O PACIFIC R.E. MGMT. CORP.  
2490 CORAL WAY #403  
MIAMI FL 33145  
US

C/O PACIFIC R.E. MGMT. CORP.  
2490 CORAL WAY #403  
MIAMI FL 33145-3449  
US

110010001

2. Principal Place of Business  
C/O PACIFIC R.E. MGMT. CORP.  
2600 DOUGLAS ROAD

2. Mailing Address  
C/O PACIFIC R.E. MGMT. CORP.  
2600 DOUGLAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1004

1004

City & State  
CORAL GABLES, FL.

City & State  
CORAL GABLES, FL.

Zip  
33134

Country  
US

Zip  
33134

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0217601

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  
25 SE 2ND AVE  
SUITE 900  
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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. 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	PD ISAIAS, ROBERTO 2800 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS ISAIAS, ESTEFANO 2800 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ISAIAS, WILLIAM 2800 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULTHEIS, THEODORE 2490 CORAL WAY #403 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD SUITE 1004 CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Delete

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 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

1-21-00

305-529-2488

Date

Daytime Phone #