## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 21, 2003 8:00 am Secretary of State

DOCUM 1. Entity Nam	MENT # M02000001	401		04-21-2003 90408 027 ****50.0
PACIFICA	A MARINE CORPORAT	ION, LLC		
DO NOT WRITE IN THIS SPACE				0000014
			•	•
2 Principal P	lace of Business	3. Mailing Address	·	
90 EDGEWATER DRIVE		90 EDGEWATE DRIVE		
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
STE 222		STE 222		
City & State		City & State	IC ET	4. FEI Number Applied For 01-0684078 Not Applied
CORAL GA Zip	ABLES, FL Country	CORAL GABLE	S. FL Country	S5 00 Additional
33133	USA	33133	USA	5. Certificate of Status Desired Fee Required
	DO NOT WRITE IN	THIS SPACE		7. Name and Address of Current Registered Agent
. ***	Charles in the member of the	r entr <del>e mo</del> rre ent	Name BENITO	LORES
			Street Addr	ess (P.O. Box Number is Not Acceptable)
	r d		90 EDG	SEWATE DRIVE, STE 222
	<i>y</i>	*		
	5.4		City	CARLES FL Zip Code
8. The above	named entity submits this statem	ent for the purpose of cha		GABLES
and accept	t the obligations of registered age		gg	or regional agent, or semijim me orace or remeat the remaining with
SIGNATURE _	Signature, typed or printed name of re	istered agent and title if appli	cable.	DATE
		,	FEE IS \$50.00	
		;Make:Check:Pay	yable to Florida Depai DUE BY MAY 1	rtment of State
9.	MANAGING MEMB	ERS/MANAGERS	*	
	MGR		TITLE	
IAME STREET ADDRESS	BENITO LORES 90 EDGEWATE DRIVE	፣ ሮሞፔ ንንን	NAME STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL	•	CITY - ST - ZIP	
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CITY - ST - ZIP		- Deale in filling days and a	alify for the exemption sta	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the
1. I hereby cer information	indicated on this report is true as	nd accurate and that my si	ignature shall have the sai	me legal effect as if made under oath; that I am a managing member of
1. I hereby cer information	indicated on this report is true as	nd accurate and that my si	ignature shall have the sai	me legal effect as if made under oath; that I am a managing member of port as required by Chapter 608, Florida Statutes.
I hereby cer information manager of	n indicated on this report is true at If the limited liability pompany or th	nd accurate and that my si	ignature shall have the sai	me legal effect as if made under oath; that I am a managing member of
1. I hereby cer information	indicated on this report is true at the limited liability pompany or the	nd accurate and that my sine receiver or trustee emp	ignature shall have the sal owered to execute this rep	me legal effect as if made under oath; that I am a managing member of port as required by Chapter 608, Florida Statutes.