

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90923 008 ***150.00

0139376 AV

DOCUMENT # M05919

1. Entity Name

C. PACIFIC INC.

Principal Place of Business

Mailing Address

1550 N.W. 17 AVE.
MIAMI FL 33125-2325

1550 N.W. 17 AVE.
MIAMI FL 33125-2325

2. Principal Place of Business

3. Mailing Address

830 S. HOLLYBROOK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#58-108

City & State

City & State

PEMBROKE PINES FL

Zip

Country

Zip

Country

33025-4000

4. FEI Number

59-2449877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAVIRIA, CECILIA
13706 SW 51 ST.
MIAMI FL 00000-0000

Name **GAVIRIA CECILIA**

Street Address (P.O. Box Number is Not Acceptable)

830 S. HOLLYBROOK DR.

#58-108

City

PEMBROKE PINES

FL

Zip Code

33025

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **BERNAL, RICARDO A.**
CITY-ST-ZIP **13706 S.W. 51 ST.**
MIAMI FL 00000-0000

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **BERNAL, RICARDO A.**
CITY-ST-ZIP **830 S. HOLLYBROOK DR. #58-108**
PEMBROKE PINES FL 33025-4000

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GAVIRIA, CECILIA**
CITY-ST-ZIP **13706 S.W. 51 ST.**
MIAMI FL 00000-0000

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **GAVIRIA, CECILIA**
CITY-ST-ZIP **830 S. HOLLYBROOK DR. #58-108**
PEMBROKE PINES FL 33025-4000

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **UMBARILA, MARTA**
CITY-ST-ZIP **13706 S.W. 51 ST.**
MIAMI FL 00000-0000

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **UMBARILA, MARTA**
CITY-ST-ZIP **830 S. HOLLYBROOK DR. #58-108**
PEMBROKE PINES FL 33025-4000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecilia Gaviria - Cecilia Gaviria

03/25/02 (954-436-1202)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)