FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am DOCUMENT # M70733 **Secretary of State** 1. Entity Name 01-21-2002 90002 018 ***150.00 PACIFIC INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 3725 SW 30 AVE 3725 SW 32 AVE FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 US IJS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0047690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEKACH, ILIA Street Address (P.O. Box Number is Not Acceptable) 3725 SW 30 AVENUE FT. LAUDERDALE FL 33312 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete ☐ Change Addition TITLE PTD NAME NAME LEKACH, ILIA STREET ADDRESS STREET ADDRESS 3725 SW 30 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE Change ☐ Addition Delete TITLE NAME NAME ESPINOSA, TANIA N STREET ADDRESS STREET ADDRESS 3725 SW 30 AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FOR SIGNING OFFICER OR DIRECTOR