

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90180 043 ***158.75

DOCUMENT # P00000021533

1. Entity Name
PACIFIC COAST RESEARCH, INC.



Principal Place of Business
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

Mailing Address
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business
14707 S. Dixie Hwy

3. Mailing Address
% Frederic B Gomez

Suite, Apt. #, etc.
Suite 404

Suite, Apt. #, etc.
P.O. Box 450549

City & State
MIAMI, FL

City & State
Sunrise, FL

Zip
33176

Country
MIAMI-DADC

Zip
33345

Country
Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0992236

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERS, ROBERT H
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name Frederic B Gomez
Street Address (P.O. Box Number is Not Acceptable)
3301 NW 97 Terrace
City Sunrise FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Frederic B Gomez
(NOTE: Registered Agent signature required when reinstating)

DATE
3-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLECHT, WALTER 19632 E. COUNTRY CLUB DR. AVENTURA FL 33180-2525	<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		<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14707 S Dixie Hwy, Suite 404 MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER SCHLECHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.3.03

CR2F034 (10/02)