

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90279 025 \*\*\*150.00

**DOCUMENT # P00000078443**

1. Entity Name  
**MID PACIFIC CORPORATION**



Principal Place of Business  
**248 ANDALUSIA AVENUE  
CORAL GABLES FL 33134**

Mailing Address  
**248 ANDALUSIA AVENUE  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1033551**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**WATT, GORDON C  
4500 LE JEUNE ROAD  
CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

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

SIGNATURE

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POMPEI, EMIDIO</b>	
STREET ADDRESS	<b>3820 EAST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POMPOE, MICHEL</b>	
STREET ADDRESS	<b>2081 RENAISSANCE BLVD. # 208</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POMPEI, CARLOS</b>	
STREET ADDRESS	<b>2081 RENAISSANCE BLVD. # 203</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POMPEI, EMIDIO</b>	
STREET ADDRESS	<b>3820 EAST LAKE STATES DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHEL, POMPEI</b>	
STREET ADDRESS	<b>3115 NW 100 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POMPEI, CARLOS</b>	
STREET ADDRESS	<b>5570 NW 107 AV. APTD: 915</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POMPEI, MARITZA</b>	
STREET ADDRESS	<b>3820 EAST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33328</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KARIN VAZQUEZ</b>	
STREET ADDRESS	<b>220 MIRACLE HILL #216</b>	
CITY-ST-ZIP	<b>CORAL GABLE FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSE VAZQUEZ</b>	
STREET ADDRESS	<b>220 MIRACLE HILL #216</b>	
CITY-ST-ZIP	<b>CORAL GABLE FL 33134</b>	

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:

**SIGNATURE OF REGISTERED AGENT**  
**JOSE VAZQUEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/7/03**  
**305/9609595**  
Date Daytime Phone #

CR2E034 (10/02)



Attachment  
10110776  
# P00000078443

Miami, August 7, 2003.

To Whom It May Concern:

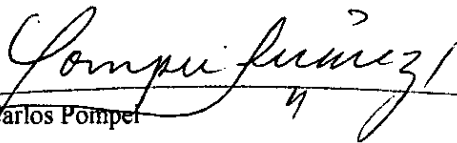
Just a note to let you know that we never received the 1<sup>st</sup> notice for the payment of the Uniform Business Report (UBR).

This Corporation has been open for the past 2 years.

Enclose you will find a check for the amount of \$150.00, we hope that this payment will resolve our status as an active Company.

If you have any question you may contact me at 305-460-6880.

Thank you,

  
Carlos Pompei