

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089480

1. Entity Name

SOUTH PACIFIC WOOD PRESERVING CORPORATION

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90113 001 \*\*\*\*\*8.75

06-20-2001 90113 002 \*\*\*550.00

75248



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4722 GRANADA BLVD. CORAL GABLES FL 33146	Mailing Address 4722 GRANADA BLVD. CORAL GABLES FL 33146
2. Principal Place of Business 3250 N.W. 65 <sup>TH</sup> STREET	3. Mailing Address 3250 N.W. 65 <sup>TH</sup> STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33147	Zip 33147
Country U.S.A.	Country U.S.A.

4. FEI Number 65-1058913	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAIZARBITORIA, INAKI ESQ. 1492 S. MIAMI AVE., STE. 203 MIAMI FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOITIA, ELIZABETH 1355 CORUNA CORAL GABLES FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN & C.E.O. (C)(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCOTT, GARTH 9129 S.W. 129 LANE MIAMI, FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DELGADO, MAITE 4722 GRANADA CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P)(S)(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDRES DELGADO 4722 GRANADA BLVD. CORAL GABLES, FLORIDA 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Garth Scott GARTH SCOTT JUNE 7, 2001 (305) 470-9663  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)