

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90111 030 \*\*\*150.00

**DOCUMENT # P01000008735**

1. Entity Name  
**PACIFIC INSURANCE BROKERS CORP.**

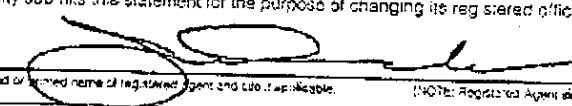
Principal Place of Business      Mailing Address  
**250 SHORE DRIVE EAST      250 SHORE DRIVE EAST**  
**MIAMI FL 33133                  MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>05-1072050</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

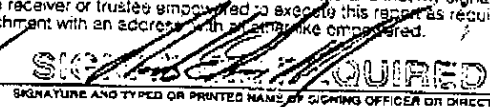
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent Name: <b>Jerry M. Dale, Esq.</b> Street Address (P.O. Box Number is Not Acceptable): <b>8370 W. Flagler St.</b> <b>Suite 252</b> City: <b>Miami</b> State: <b>FL</b> Zip Code: <b>33144</b>			
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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:       DATE: **4/3/02**  
Signature typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **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	<b>PTD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LARIOS, RICARDO</b>			NAME			
STREET ADDRESS	<b>250 SHORE DRIVE EAST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33133</b>			CITY-ST-ZIP			
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>D'ESCOUBET, CAROLINA</b>			NAME			
STREET ADDRESS	<b>250 SHORE DRIVE EAST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33133</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 changed, or on an attachment with an address with an email-like employer.

SIGNATURE:       **REQUIRED PRES**      DATE: **4/3/02**      **305-559-4962**  
SIGNATURE AND TYPED OR PRINTED NAME BY SIGNING OFFICER OR DIRECTOR

CR2034 (9/01)