

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90040 030 ***150.00

DOCUMENT # P01000071850

1. Entity Name

PACIFIC ORIENTAL, INC.

Principal Place of Business

Mailing Address

~~10830 SW 113 PLACE, STE. B~~

~~MIAMI FL 33176~~

~~10830 SW 113 PLACE, STE. B~~

~~MIAMI FL 33176~~

2. Principal Place of Business

3700 So. Ocean Blvd.

Suite, Apt. #, etc.

807

Highland Bch, FL

Zip

33487

Country

USA

3. Mailing Address

3700 So. Ocean Blvd.

Suite, Apt. #, etc.

807

Highland Bch, FL

Zip

33487

Country

USA

4. FEI Number

65-1139427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILLIAMS, WINDY~~

~~10830 SW 113 PLACE, STE. B~~

~~MIAMI FL 33176~~

7. Name and Address of New Registered Agent

Randy Levine

3700 So. Ocean Blvd., #807

Highland Bch

FL

33487

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

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

TITLE **P** ☒ Delete
NAME **WILLIAMS, WINDY**
STREET ADDRESS **10830 SW 113 PLACE, STE. B**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **Randy Levine**
STREET ADDRESS **3700 So. Ocean Blvd. #807**
CITY-ST-ZIP **Highland Bch, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)