

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90205 044 \*\*\*150.00

0246308 AV

**DOCUMENT # P01000086145**

**1. Entity Name**  
**PACIFIC PROPERTIES OF MIAMI CORPORATION**

**Principal Place of Business**  
 6840 SW 30 STREET  
 MIAMI FL 33155

**Mailing Address**  
 6840 SW 30 STREET  
 MIAMI FL 33155



**2. Principal Place of Business**  
 15821 SW COLWAY

**3. Mailing Address**  
 15821 SW COLWAY

DO NOT WRITE IN THIS SPACE

**City & State**  
 MIAMI, FL

**City & State**  
 MIAMI, FL

**4. FEI Number**  Applied For  
 Not Applicable

**Zip** 33193 **Country** Dade

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

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

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

**NUNEZ, LOURDES**  
 1839 SW 27TH AVENUE  
 MIAMI FL 33145

**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.**

**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)

**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**  Delete  
**NAME** D ECHEVERRIA, EDUARDO  
**STREET ADDRESS** 2885 SW 3RD AVENUE SUITE 400  
**CITY-ST-ZIP** MIAMI FL 33129

**TITLE**  Change  Addition  
**NAME** DIRECTOR DELIA IZQUIERDO  
**STREET ADDRESS** 2885 SW 3RD AVE, SUITE 400  
**CITY-ST-ZIP** MIAMI, FL 33129

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  Delete  
**NAME**  
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**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:** *EdUARDO ECHEVERRIA* **4/12/02** **305 854-1884**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)