

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90205 044 ***150.00

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 61 WAY

Suite, Apt. #, etc.

3. Mailing Address

15821 SW 61 WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33193

Country

DADE

Zip

33193

Country

DADE

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NUNEZ, LOURDES
1839 SW 27TH AVENUE
MIAMI FL 33145

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.

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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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

EDUARDO ECHEVERRIA

4/12/02

Date

305 854-1884

Daytime Phone #

CR2E034 (9/01)