

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90475 050 ***150.00

DOCUMENT # P02000017888

1. Entity Name
PROYECTOS Y DESARROLLOS DEL PACIFICO, INC.



Principal Place of Business
**8925 SW 108TH CIR CT.
MIAMI FL 33176**

Mailing Address
**8925 SW 108TH CIR CT.
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

010607266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIERRA, JIM
5550 SW 87TH AVENUE
MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRIMANY, RENE O
8925 SW 108TH CIR CT.
MIAMI FL 33176**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROCO, GERMAN
LUIS STROZZI 1922 LAS CONDES
SANTIAGO CHILE 6760034**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROCCO, CLAUDIO
LUIS STROZZI 1922 LAS CONDES
SANTIAGO CHILE 6760034**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GRIMANY, MAGALI R
8925 SW 108TH CIR CT.
MIAMI FL 33176**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12/03

305-598-5522