2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000063340

1. Entity Name

SOUTH PACIFIC INVESTMENTS, CORP.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90181 004 ***150.00

28UT SW 3RD AVE		Mailing Address 2801 SW 3RD AVE MIAMI FL 33129	2801 SW 3RD AVE			
2. Principal Place of Business 3		3. Mailing Address	. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & Sta	ate	City & State			4. FEI Number Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current	I Registered Agent			7. Name and Address of New Registered Agent	
	CARMEN V 3RD AVE L 33129	e em fil digeneration en la com-	Street		P.O. Box Number is Not Acceptable)	
			City		FL Zip Code	
SIGNĄTURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NO	DTE: Registered Agent signa		d agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. DATE	
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	PD OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	GOMEZ, CARMEN 2801 SW 3RD AVE MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		Delete	TITLE _NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
 I hereby ce indicated or of the corporation of changed, or 	rtify that the information supplied with thi n this report or supplemental report is tru pration or the receiver or trustee empower on an attachment with an address, with	s filing does not qualify for e and accurate and that re red to execute this report a all other like empowered	the exemption state by signature shall have as required by Chap	d in Section ve the same ter 60Z Flor	on 119.07(3)(i), Florida Statutes. I further certify that the information the legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

305-854-0417.