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

FILED Jul 01, 2002 8:00 am Secretary of State 07-01-2002 90350 012 ***550.00

DOCUMENT # P93000081970					
,	o-Pacific Hold	ing Compar	"Y P		
	DO NOT WRITE	IN THIS SI	PAGE	. 118	689
	Place of Business Marsh Landing t. #, etc.	3. Mailing Address _290 May S Suite, Apt. #. etc.	sh Landing	DO NOT WRITE IN	THIS SPACE
City & Sta Palm E Zip	Beach Gardens, FL Country	City & State Palm Beach Zip	Country Country	4. FEI Number 65-0461190	Applied For Not Applicable
33418-	· · · ·	33418-7563	Palm Beach	Certificate of Status Desired Name and Address of Surport Portion	Fee Required
	DO NOT W IN THIS SP		Name Flanic Street Address to 25 to	20. Box Number is Not Acceptable) 1. Flagler Dr. 000	FL Zin 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) After May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State					
11. ITILE NAME STREET ADDRESS CITY-ST-ZIP	p taxey, Georgia A. 12970 Marsh Landi. Palm Beach Garder	. q	CILYSTEP C		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADORESS CITY-ST-ZIP			THE CANADA STATE OF T		CROPE
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NAME STREET ADDRESS CITY-SY-ZIP			MAAF STREET ADDRESS CITY 51.7P	IN THIS SP	ACE:
TITILE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS! COTY ST-ZIPS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS (CITY ST. 2015)		
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 receivily are trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR TYPES OR DIRECTOR OR DIRECT					