

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90403 007 ***150.00

DOCUMENT # P94000057769

1. Entity Name
PACIFIC COAST REALTY HOLDINGS, INC.

Principal Place of Business

**26 WESTWARD DR
 MIAMI SPRINGS FL 33166
 US**

Mailing Address

**26 WESTWARD DR
 MIAMI SPRINGS FL 33166
 US**

2. Principal Place of Business

4801 S. UNIVERSITY DR
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 661169
 Suite, Apt. #, etc.

City & State

DAVIE, FLA.

City & State

MIAMI SPRINGS FLA

Zip

Country

33328 U.S.

Zip

Country

33166 U.S.

4. FEI Number

65-0511314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERLSTEIN, ARNOLD ESQ.
 4801 S. UNIVERSITY DRIVE 2ND FLOOR
 FORT LAUDERDALE FL 33328**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 ALWEISS, IRA
 26 WESTWARD DR
 MIAMI SPRINGS FL 33166** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 PERLSTEIN, ARNOLD
 4801 S UNIVERSITY DR 2ND FL
 FT. LAUDERDALE FL 33328** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**4801 S. UNIVERSITY DR.
 DAVIE, FLA. 33328** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**4801 S. UNIVERSITY DR
 DAVIE, FLA. 33328** ☒ Change ☐ Addition

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

IRA ALWEISS 4/12/02 305-285-0789

Date

Daytime Phone #

CR2E034 (9/01)