

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90008 016 \*\*\*150.00

661370

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000084468 ✓  
1. Entity Name  
PACIFIC FOREST PRODUCTS CORPORATION

Principal Place of Business Mailing Address  
8801 NW 23 ST. 8801 NW 23 ST  
MIAMI, FL 33172 MIAMI, FL 33172

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 65-0580296 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ANDRES DELGADO  
8801 NW 23 ST  
MIAMI, FL 33172

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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  
P ANDRES DELGADO 8801 NW 23 ST MIAMI FL 33172 ☐ Delete  
VT ANTONIO GOITIA 8801 NW 23 ST MIAMI FL 33172 ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS 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: X ANDRES DELGADO 4/28/00 (305) 470-9663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)