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2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000052129**

1. Entity Name

PACIFIC MARKETING INTERNATIONAL U.S.A., INC.

FILED

00 NOV 20 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

CENTRAL PLAZA 20TH FL. STE. 2001
18 HARBOUR RD.
WANCHAI, HONG KONG
OC

Mailing Address

CENTRAL PLAZA 20TH FL. STE. 2001
18 HARBOUR RD.
WANCHAI, HONG KONG
OC

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

315 West Russell Ave.

High Point, N.C.

27260

4. FEI Number 65-0769173

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, PHILIP
901 SW MARTIN DOWNS BLVD.
PALM CITY FL 34890

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 321
159 South Federal Highway
City: Stuart, FL 34994

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 office if applicable.

(NOTE: Registered Agent signature required when retesting)

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

Delete ☐D. MOHUNDRO, GLENN
20TH FL. STE. 2001, 18 HARBOUR RD.
CITY-ST-ZIP: WANCHAI, HONG KONGDelete ☐D. SHANKS, KENNETH L.
20TH FL. STE. 2001, 18 HARBOUR RD.
CITY-ST-ZIP: WANCHAI, HONG KONGDelete ☐D. PHILLIP C. HOOD
315 WEST RUSSELL AVE.
CITY-ST-ZIP: High Point, NC 27260Delete ☐Delete ☐Delete ☐Delete ☐Delete ☐Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #