

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013125

1. Entity Name

DITCO PACIFIC, INCORPORATED

Principal Place of Business

100 BISCAYNE BLVD., STE. 500
MIAMI FL 33132

Mailing Address

100 BISCAYNE BLVD., STE. 500
MIAMI FL 33132

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1099371

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARACORP, INCORPORATED
238 E. 6TH AVE.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name Robert Harris, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Ave.
Suite 950
City Miami FL Zip Code 33131

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 of previous name of registered agent and title if applicable

(NOTE: Register or Agent signature required when re-registering)

5-25-01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCFO
NAME DAILEY, RALPH
STREET ADDRESS 100 BISCAYNE BLVD., STE. 500
CITY-STATE-ZIP MIAMI FL 33132 ☐ Delete

TITLE D
NAME DAILEY, RALPH
STREET ADDRESS 100 BISCAYNE BLVD., STE. 500
CITY-STATE-ZIP MIAMI FL 33132 ☐ Delete

TITLE SD
NAME MONLUN, DAVID
STREET ADDRESS 6033 W. CENTURY BLVD., STE. 1190
CITY-STATE-ZIP LOS ANGELES CA 90045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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

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

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-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)(f), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Dailey

23 Apr 01

305-741-4443

Date City/State/Phone #

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90005 041 ***150.00
05-03-2001 90999 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)