

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000048527

1. Entity Name

SOUTH PACIFIC LUMBER CORP.

Principal Place of Business

8801 NW 23 Street  
Miami, FL 33172

Mailing Address

8801 NW 23 St  
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

65-0858116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

661369

6. Name and Address of Current Registered Agent

ANTONIO GOITIA  
1355 CORUNA AVE  
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent

Name

Antonio Goitia

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

8801 NW 23 Street

City

Miami

FL

Zip Code

33172

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, 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    | <input type="checkbox"/> Delete |
|-------|----------------|----------------|----------------|---------------------------------|
| PTD   | Antonio Goitia | 8801 NW 23 St  | Miami FL 33172 | <input type="checkbox"/>        |
| SVD   | Andres Delgado | 8801 NW 23 St  | Miami FL 33172 | <input type="checkbox"/>        |
| TITLE | NAME           | STREET ADDRESS | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
| TITLE | NAME           | STREET ADDRESS | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
| TITLE | NAME           | STREET ADDRESS | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
| TITLE | NAME           | STREET ADDRESS | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
| TITLE | NAME           | STREET ADDRESS | CITY-ST-ZIP    | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |                                   |
|----------------|--|---------------------------------|-----------------------------------|
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |

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 persons empowered.

SIGNATURE:

*[Signature]*

ANTONIO GOITIA

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)