

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90126 005 \*\*\*150.00

**DOCUMENT # P98000087301**

1. Entity Name  
**PACIFIC POINTE INC.**



Principal Place of Business  
**2702 N.E. 30TH AVENUE  
LIGHTHOUSE POINT FL 33064**

Mailing Address  
**2702 N.E. 30TH AVENUE  
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business  
**1062 Coral Ridge Drive**

3. Mailing Address  
**1062 Coral Ridge Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Coral Springs, FL**

City & State  
**Coral Springs, FL**

Zip  
**33071**

Country  
**USA**

Zip  
**33071**

Country  
**USA**

4. FEI Number **65-0874695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**OLENICOFF, IGOR M  
2702 N.E. 30TH AVENUE  
LIGHTHOUSE POINT FL 33064**

Name  
**OLENICOFF, IGOR M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1062 Coral Ridge Drive**

City  
**Coral Springs** **FL** Zip Code  
**33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **IGOR M. OLENICOFF, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when resigning)

**1-20-03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OLENICOFF, IGOR M 2702 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OLENICOFF, ANDREI 2702 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OLENICOFF, IGOR M. 1062 Coral Ridge Drive Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OLENICOFF, ANDREI 1062 Coral Ridge Drive Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**IGOR M. OLENICOFF** **1-20-03 (949) 719-7212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)