## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State P99000001268 DOCUMENT # 1. Entity Name 05-08-2002 90024 012 \*\*\*150.00 PACIFIC HOMES INVESTMENT CO. Principal Place of Business Mailing Address 1711 W. 38 PL 1711 W. 38 PL B0091039 #1204 #1204 HIALEAH FL 33012 HIALEAH FL 33012 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0886843 Not Applicable Country\_ Country **\$8.75** Additional •5.⇒Cortificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, ODALIS L Street Address (P.O. Box Number is Not Acceptable) 9856 N.W. 26TH AVE. MIAMI FL 33147 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition NAME RODRIGUEZ, ODALIS L NAME STREET ADDRESS 9856 N.W. 26TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP \_\_\_\_\_ \_ Delete ☐ Addition NAME RODRIGUEZ, JULIO NAME STREET ADDRESS STREET ADDRESS 9856 N.W. 26TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP 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)(t). Florida Statutes: Florither 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:

**FILED** 

Daytime Phone #