

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90067 010 \*\*\*150.00

DOCUMENT # **P99000005177**

1. Entity Name **Pacific's EAGLE CO., INC**

Principal Place of Business Mailing Address

2. Principal Place of Business **2125 BISCAYNE BLVD**

Suite, Apt. #, etc. **361**

City & State **MIAMI FL**

Zip **33137** Country **USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **650887963**

Applied For ☐ Not Applicable ☐

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

**00057291**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CRAIG HUMEL**  
**915 NW 1 AVE**  
**H-1111**  
**MIAMI, FL 33136**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 **Craig Humel Secretary** DATE **5-5-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>PABLO CELSO VITALE</b>
STREET ADDRESS		STREET ADDRESS	<b>915 NW 1 AVE H-1111</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>CRAIG HUMEL</b>
STREET ADDRESS		STREET ADDRESS	<b>915 NW 1 AVE H-1111</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33137</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>SILVIA Helena Vitale Humel</b>
STREET ADDRESS		STREET ADDRESS	<b>915 NW 1 AVE H-1111</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33136</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: **Craig Humel Secretary** DATE **5-5-2000** 305438 0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)