

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90098 032 ***150.00

DOCUMENT # P99000063610

1. Entity Name
PACIFIC CORP WESTON

Principal Place of Business
**1101 BRICKELL AVE. SUITE 1100
MIAMI FL 33131**

Mailing Address
**1101 BRICKELL AVE. SUITE 1100
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9260 S.W. 72nd Street

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

No. 206
City & State

City & State

MIAMI, FL

Zip
33173

Country

DADE

Zip

Country

4. FEI Number
65-0944581

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

PENA, J. DAVID G
1101 BRICKELL AVENUE, SUITE 1100
MIAMI FL 33131

Name

ALBERTO BAROUH

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

9260 S.W. 72nd St. # 206

City

MIAMI

FL

Zip Code

33173

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ISAZA, OSCAR
2950 MEADOW LANE
WESTON FL 33331

☐ Delete

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

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☐ 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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OSCAR ISAZA

02-13-2002

CR2E034 (9/01)