

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078605

1. Entity Name
PACIFIC MICRO TECH INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90038 003 ***550.00

Principal Place of Business 10490 NW 31ST TERRACE SUITE A MIAMI FL 33172	Mailing Address 10490 NW 31ST TERRACE SUITE A MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7242 NW 31 Street Suite, Apt. #, etc.	3. Mailing Address 7242 NW 31 Street Suite, Apt. #, etc.
City/State Miami FL	City/State Miami
Zip 33122	Country USA

4. FEI Number 65-0944957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOLIS, CARMEN 10490 NW 31ST TERRACE SUITE A MIAMI FL 33172	7. Name and Address of New Registered Agent Name <i>Solis, Carmen</i> Street Address (P.O. Box Number is Not Acceptable) <i>7242 NW 31st Street</i> City <i>Miami</i> FL Zip Code <i>33122</i>
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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 *Carmen Solis* DATE *9/12/00*

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD SOLIS, CARMEN 10490 NW 31ST TERRACE SUITE A MIAMI FL 33172 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carmen Solis* DATE *9/12/00* DAYTIME PHONE # *305-593 6164*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)