

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90297 017 ***150.00

DOCUMENT # **P990000 91941**

1. Entity Name

PACIFIC CENTURY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6500 W. 4 AVE

3. Mailing Address

18999 BISCAYNE BLVD

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

HALEAH, FL

City & State

AVENTURA, FL

Zip

33012

Country

Zip

33180

Country

4. FEI Number

65-0957038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALEJANDRO HAU

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

300 NE 212 STREET

City

MIAMI

FL

Zip Code

33179

**DO NOT WRITE
IN THIS SPACE**

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

Alejandro Hau

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

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALEJANDRO HAU
300 NE 212 ST
MIAMI, FL 33179**

TITLE
NAME
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alejandro Hau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E034B (12/01)