

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90147 038 ***150.00

DOCUMENT # P99000106944

1. Entity Name
P.A.C.S. GROUP, INC.



Principal Place of Business
777 NW 72ND AVE #2K1
MIAMI FL 33126

Mailing Address
777 NW 72ND AVE #2K1
MIAMI FL 33126

2. Principal Place of Business

777 NW 72nd Ave

3. Mailing Address

777 NW 72nd Ave

Suite, Apt. #, etc.

#2 J2

City & State

MIAMI, FL

Zip

33126

Country

Suite, Apt. #, etc.

#2 J2

City & State

MIAMI, FL

Zip

33126

Country

U.S.A



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0969180

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VILLEGAS, PAULA
777 NW 72ND AVE #2K19
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name SCEMLA, Muriel
Street Address (P.O. Box Number is Not Acceptable) 105 OCEAN Blvd.
City Golden Beach, FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCEMLA, SEBASTIEN	
STREET ADDRESS	445 GOLDEN BEACH DR.	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

305/265-5080
Date _____ Daytime Phone # _____

CR2E034 (10/02)