

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90042 048 ***150.00

DOCUMENT # S11207

1. Entity Name
SOUTH PACIFIC CORPORATION

Principal Place of Business

**170 OCEAN LANE DRIVE
APT. 803
KEY BISCAYNE FL 33149-1541
US**

Mailing Address

**170 OCEAN LANE DRIVE
APT. 803
KEY BISCAYNE FL 33149-1541
US**

2. Principal Place of Business

199 Ocean Lane Drive

Suite, Apt. #, etc.

Apt. 913

3. Mailing Address

199 Ocean Lane Drive

Suite, Apt. #, etc.

Apt. 913

City & State

Key Biscayne , FL 33149

City & State

Key Biscayne, FL 33149

4. FEI Number

65-0289160

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANTIVANEZ, GISELLA
170 OCEAN LANE DRIVE
APT. 803
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name

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

199 Ocean Lane Drive

Apt. 913

City

Key Biscayne

FL

Zip Code
33149

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REYNA, RICARDO	
STREET ADDRESS	170 OCEAN LANE DRIVE, APT. 803	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTIVANEZ, GISELLA	
STREET ADDRESS	170 OCEAN LANE DRIVE, APT. 803	
CITY-ST-ZIP	KEY BISCAYNE FL	
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		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	199 Ocean Lane Drive , APT. 913
CITY-ST-ZIP	Key Biscayne , FL 33149
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	199 Ocean Lane Drive, APT. 913
CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

(305) 361-9688

Daytime Phone #

CR2E034 (9/01)