

# 2001 UNIFORM BUSINESS REPORT (UBR)

04-03-2001 90029 049 \*\*\*150.00

S30257

DOCUMENT # S30257

1. Entity Name

CONTINENTAL PACIFIC CORPORATION

FILED

01 APR -3 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3434 HANCOCK BRIDGE PARKWAY SUITE 300 N. FORT MYERS FL 33903	Mailing Address 3434 HANCOCK BRIDGE PARKWAY SUITE 300 N. FORT MYERS FL 33903
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0245981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LAROSE, LEONARD  
3505 W. ATLANTIC BLVD.  
Suite 809  
POMPANO BEACH, FL 33069

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFER, REID R 3434 HANCOCK BRIDGE PKWY, STE 300 N. FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, CEO, DIRECTOR PK/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SATENDRA AGRAWAL 3434 HANCOCK BRIDGE PKWY, STE 300 N. FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HYON, GINA 3434 HANCOCK BRIDGE PKWY, STE. 300 FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D BARBARA AGRAWAL 3434 HANCOCK BRIDGE PARKWAY SUITE 300 N. FORT MYERS, FL 33903 <input checked="" 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
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
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
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: SATENDRA AGRAWAL 3-14-01 941 992-2200

CR2E034 (10/00)

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