

2001 UNIFORM BUSINESS REPORT (UBR)

07-25-2001 90005 027 ***550.00

F96000003370

FILED

01 AUG -6 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000003370
 1. Entity Name
PACIFIC INTERNATIONAL SERVICES INC.

LA

Principal Place of Business: **65 EAST 55TH ST. NEW YORK NY 10022**
 Mailing Address: **65 EAST 55TH ST. NEW YORK NY 10022**

2. Principal Place of Business: **300 WESTERN AVE**
 Suite, Apt. #, etc.

3. Mailing Address: **300 WESTERN AVE**
 Suite, Apt. #, etc.

City & State: **STATEN ISLAND NY**
 Zip: **10303** Country

City & State: **STATEN ISLAND NY**
 Zip: **10303** Country

4. FEI Number: **13-3763118**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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: *[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 \$550.00
After September 12, 2001 Fee 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		
TITLE	DP	<input type="checkbox"/> Delete
NAME	AGUIRRE, CARLOS A	
STREET ADDRESS	65 EAST 55TH ST.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AHLSTROM, CARLOS	
STREET ADDRESS	65 EAST 55TH ST.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BERGEN, MICHAEL	
STREET ADDRESS	65 EAST 55TH ST.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HICKEY, EDWARD W	
STREET ADDRESS	65 EAST 55TH ST.	
CITY-ST-ZIP	NEW YORK NY 10022	
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 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		
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]* **SIGNATURE REQUIRED EDWARD HICKEY** 7/16/01 (718) 556-8420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)