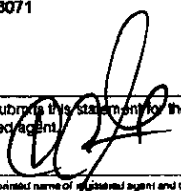
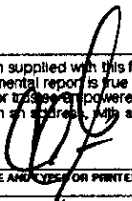


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90213 033 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076182			
1. Entity Name VICAR PHARMACEUTICALS, INC.			
Principal Place of Business 361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071		Mailing Address 361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071	
2. Principal Place of Business 4440 NW 73 AVE		3. Mailing Address 4440 NW 73 AVE	
Suite, Apt. #, etc. COL 2111		Suite, Apt. #, etc. COL 2111	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166		Zip 33166	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-1050100		☒ CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKY, CARLOS 301 LAKEVIEW DR CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent CARLOS CASTRO COL2111 4440 NW 73 AVE COL 2111 MIAMI, FL 33166	
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. APR 29/2003			
SIGNATURE 		DATE APR 29/2003	
FILING FEE: \$150.00 After May 12, 2003 fee will be \$250.00 Money 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 NAME STREET ADDRESS CITY-ST-ZIP PD CASTRO, CARLOS G 361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CASTRO, CARLOS G 4440 NW 73 AVE MIAMI, FL, 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD CASTRO, MARIA E 361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP SD CASTRO, MARIA E 4440 NW, 73 AVE MIAMI, FL, 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: 		APR 29/2003 305-9400898	