

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90141 041 ***158.75

0219740 AV

DOCUMENT # P96000011648

1. Entity Name
PHARMACOS SERVICES, INC.

Principal Place of Business 10357 NE 6TH AVENUE MIAMI SHORES FL 33138 US	Mailing Address 10357 NE 6TH AVENUE MIAMI SHORES FL 33138 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0643297** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACDANIEL, JOHN M
 TWO SOUTH BISCAYNE BLVD.
 SUITE 2975
 MIAMI FL 33131**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTELA MENDIETA 10357 NE 6TH AVE. MIAMI SHORES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTELA MENDIETA 10357 NE 6TH AVE. MIAMI SHORES, FL	<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	P RICARDO MENDIETA 10357 NE 6TH AVE. MIAMI SHORES, FL	<input type="checkbox"/> Change <input checked="" 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: *ESTELA MENDIETA* **ESTELA Mendieta** **(305) 758 3920** **02-06-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)

ATTACHMENT

DOC # P96000011648/005510

The Law Firm of

John M. MacDaniel, P.A.

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SUITE 2975
TWO S. BISCAYNE BLVD.
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FAX (305) 374-7087
e-mail: john@johnmacdaniel.com

BRASIL
Vieira De Souza Advogados Associados S/C
Av. Brig. Faria Lima, 1570 - 4 And - CJ. 41
Sao Paulo - Brasil 01452-001

VENEZUELA
Vallenilla, Blanco, Puncelos, Toro & Zozaya
Edificio Lex-Av. Libertador (El Rosal)
Apartado Postal No. 60407
Caracas-Venezuela

COLOMBIA
Obando-Cardenas
Calle 59 N. 5 - 30
Apartado Aereo 3000 Y 3001
Bogota-Colombia

February 19, 2002

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re.:Pharmacos Services, Inc. / Document # P96000011648

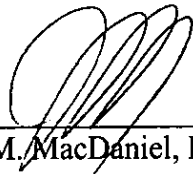
Dear Sir or Madam:

Please find enclosed the Annual Report of the above referenced corporation as well as check in the amount of \$ 158.75 for filing fees and Certificate of Status.

Your assistance to this matter is greatly appreciated.

Very truly yours,

THE LAW FIRM OF JOHN M. MACDANIEL, P.A.



John M. MacDaniel, Esquire

JMM/sc
Enclosures
cc: File