

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90135 032 \*\*\*150.00

**DOCUMENT # P98000086142**

1. Entity Name  
**PHARMA DYNAMICS, INC.**

Principal Place of Business

Mailing Address

1568 SHELTER COVE  
 ORANGE PARK FL 32073  
 US

1568 SHELTER COVE  
 ORANGE PARK FL 32073-7220  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Orange Park, FL**

4. FEI Number

**59-3536297**

Applied For

Not Applicable

Zip

Country

Zip  
**32073**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NANA, EKUZABETG ELIZABETH**

**1526 1525 QUAIL WOOD  
 ORANGE PARK FL 32073**

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, 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, 2000 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	<input type="checkbox"/> Delete
PD	LIBUNAO, DAN S	1568 SHELTER COVE	ORANGE PARK FL 32073	<input type="checkbox"/>
STD	LIBUNAO, CRISTETITA A	1568 SHELTER COVE	ORANGE PARK FL 32073	<input type="checkbox"/>
VD	LIBUNAO, CHRISTIAN A	1568 SHELTER COVE	ORANGE PARK FL 32073	<input type="checkbox"/>
D	LIBUNAO, MARIA I	1568 SHELTER COVE	ORANGE PARK FL 32073	<input type="checkbox"/>
D	ALVAREZ, FRANCISCO	1568 SHELTER COVE	ORANGE PARK FL 32073	<input type="checkbox"/>
D	TANCINCO, CHONA	1568 SHELTER COVE	ORANGE PARK FL 32073	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00

Date

9042649139

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE