

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074960

1. Entity Name

PHARMA ONLINE INC.

Principal Place of Business

100 NORTH BISCAYNE BLVD., SUITE 901
MIAMI FL 33132

Mailing Address

100 NORTH BISCAYNE BLVD., SUITE 901
MIAMI FL 33132-2310

2. Principal Place of Business

100 N. Biscayne Blvd #

Suite, Apt. #, etc.

3050

City & State

Miami

FL

Zip

33132

Country

USA

3. Mailing Address

100 N. Biscayne Blvd

Suite, Apt. #, etc.

3050

City & State

Miami

FL

Zip

33132

Country

USA

4. FEI Number

65-0943578

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

LEONEL, ROSANA

100 NORTH BISCAYNE BLVD., SUITE 901

MIAMI FL 33132

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, 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

TITLE PD ☐ Delete
NAME LEONEL, ROSANA
STREET ADDRESS 100 NORTH BISCAYNE BLVD., SUITE 901
CITY-ST-ZIP MIAMI FL 33132

TITLE VD ☐ Delete
NAME AUSTREGESILLO, DENISE
STREET ADDRESS 290 174 STREET APT. #1907
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Leonel Rosana
STREET ADDRESS 100 North Biscayne Blvd #3050
CITY-ST-ZIP Miami FL 33132

TITLE VD ☒ Change ☐ Addition
NAME Austregesillo, Denise
STREET ADDRESS 100 North Biscayne Blvd #3050
CITY-ST-ZIP Miami FL 33132

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Leonel Rosana Leonel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 305-374-3366

CR2E034 (9/99)