

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000086142**1. Entity Name  
PHARMA DYNAMICS, INC.

## Principal Place of Business

1568 SHELTER COVE

ORANGE PARK

32073

FL

US

## Mailing Address

1526 QUAIL WOOD CT

ORANGE PARK

32073

FL

US

## 2. Principal Place of Business

1568 SHELTER COVE

## 3. Mailing Address

1526 QUAIL WOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

ORANGE PARK

FL

## City &amp; State

ORANGE PARK

FL

Zip  
32003Country  
USZip  
32003Country  
US

## 4. FEI Number

59-3536297

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NANA EKUZABETG  
1525 QUAIL WOODORANGE PARK  
32073

FL

## 7. Name and Address of New Registered Agent

## Name

NANA ELIZABETH

Street Address (P.O. Box Number is Not Acceptable)

1525 QUAIL WOOD

## City

ORANGE PARK

FL

Zip Code  
32003

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 **ELIZABETH NANA**

04/29/2001

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, 2001 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          | D                    | <input type="checkbox"/> Delete |
| NAME           | TANCINCO CHONA       |                                 |
| STREET ADDRESS | 1568 SHELTER COVE    |                                 |
| CITY-ST-ZIP    | ORANGE PARK FL 32073 |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | ALVAREZ FRANCISCO    |                                 |
| STREET ADDRESS | 1568 SHELTER COVE    |                                 |
| CITY-ST-ZIP    | ORANGE PARK FL 32073 |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | LIBUNAO MARIA I      |                                 |
| STREET ADDRESS | 1568 SHELTER COVE    |                                 |
| CITY-ST-ZIP    | ORANGE PARK FL 32073 |                                 |
| TITLE          | VD                   | <input type="checkbox"/> Delete |
| NAME           | LIBUNAO CHRISTIAN A  |                                 |
| STREET ADDRESS | 1568 SHELTER COVE    |                                 |
| CITY-ST-ZIP    | ORANGE PARK FL 32073 |                                 |
| TITLE          | STD                  | <input type="checkbox"/> Delete |
| NAME           | LIBUNAO CRISTETITA A |                                 |
| STREET ADDRESS | 1568 SHELTER COVE    |                                 |
| CITY-ST-ZIP    | ORANGE PARK FL 32073 |                                 |
| TITLE          | PD                   | <input type="checkbox"/> Delete |
| NAME           | LIBUNAO DAN S        |                                 |
| STREET ADDRESS | 1568 SHELTER COVE    |                                 |
| CITY-ST-ZIP    | ORANGE PARK FL 32073 |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TANCINCO CHONA       |  |
| STREET ADDRESS | 1568 SHELTER COVE    |  |
| CITY-ST-ZIP    | ORANGE PARK FL 32003 |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ALVAREZ FRANCISCO    |  |
| STREET ADDRESS | 1568 SHELTER COVE    |  |
| CITY-ST-ZIP    | ORANGE PARK FL 32003 |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LIBUNAO MARIA I      |  |
| STREET ADDRESS | 1568 SHELTER COVE    |  |
| CITY-ST-ZIP    | ORANGE PARK FL 32003 |  |
| TITLE          | VD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LIBUNAO CHRISTIAN A  |  |
| STREET ADDRESS | 1568 SHELTER COVE    |  |
| CITY-ST-ZIP    | ORANGE PARK FL 32003 |  |
| TITLE          | STD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LIBUNAO CRISTETITA A |  |
| STREET ADDRESS | 1568 SHELTER COVE    |  |
| CITY-ST-ZIP    | ORANGE PARK FL 32003 |  |
| TITLE          | PD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LIBUNAO DAN S        |  |
| STREET ADDRESS | 1568 SHELTER COVE    |  |
| CITY-ST-ZIP    | ORANGE PARK FL 32003 |  |

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: **Dan S. Libunao**

Pres

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)