

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90119 023 ***558.75

DOCUMENT # F01000005798

1. Entity Name
UNITHER PHARMA, INC.

Principal Place of Business

**7845 ELLIS ROAD
 MELBOURNE FL 32904**

Mailing Address

**7845 ELLIS ROAD
 MELBOURNE FL 32904**

2. Principal Place of Business

1077 Highway 41A

3. Mailing Address

1110 Spring Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Silver Spring, MD

Zip

32937

Country

USA

Zip

20910

Country

USA

4. FEI Number **52-2282727**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KANAREK, BARRY
 7845 ELLIS ROAD
 MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name

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

1077 Highway 41A

City

Satellite Beach

FL

Zip Code

32937

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.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	P	<input checked="" type="checkbox"/> Delete
NAME	WALLEY, DARLENE	
STREET ADDRESS	1110 SPRING STREET	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAHON, PAUL A	
STREET ADDRESS	1735 CONNECTICUT AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KANAREK, BARRY	
STREET ADDRESS	7854 ELLIS ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ROTHBLATT, MARTINE	
STREET ADDRESS	7854 ELLIS ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kanarek, Barry	
STREET ADDRESS	1077 Highway 41A	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rothblatt, Martine	
STREET ADDRESS	1077 Highway 41A	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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:

Barry Kanarek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #