2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Charles J. Sanchez

SIGNATURE AND TYPED OR PRINTED NAME O

FILED DOCUMENT # F97000005905 Jan 21, 2000 8:00 am **Secretary of State** PHARMED GROUP HOLDINGS, INC. 01-21-2000 90090 044 ***150.00 Principal Place of Business Mailing Address 3075 NW 107 AVE. 3075 NW 107 AVE. MIAMI FL 33172 MIAMI FL 33122-9002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0717189 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... - - - 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name SANCHEZ, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 3075 NW 107 AVE. **MIAMI FL 33172** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. ☐ Addition TITLE **CEOD** TITLE ☐ Delete NAME NAME DE CESPEDES, CARLOS M STREET ADDRESS STREET ADDRESS 3075 NW 107 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change [7] Addition ☐ Delete TITLE TITLE NAME DE CESPEDES, JORGE L STREET ADDRESS STREET ADDRESS 3075 NW 107 AVE. CITY-ST-78P CITY-ST-ZIP MIAMI FL 33172 ☐ Change - Addition Delete TITLE ---TITLE EVSD PEREZ, BERTIN J NAME NAME STREET ADDRESS STREET ADDRESS 3075 NW 107 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Addition Change ☐ Delete TITLE ASD NAME NAME SANCHEZ, CHARLES J STREET ADDRESS STREET ADDRESS 3075 NW 107 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.