

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G 29418

1. Entity Name

Pharmed Group Corp.

APPROVED  
AND  
FILED

01 FEB -9 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address Same

3075 N.W. 107th Avenue  
Miami, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2279655

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

7. Name and Address of New Registered Agent

Charles J. Sanchez  
3075 N.W. 107th Avenue  
Miami, FL 33172

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO  
NAME Carlos M. de Cespedes  
STREET ADDRESS 3075 NW 107 Ave  
CITY-ST-ZIP Miami, FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600003746176-5  
-02/21/01--0112--005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE PD  
NAME Jorge L. de Cespedes  
STREET ADDRESS 3075 NW 107 Ave  
CITY-ST-ZIP Miami, FL 33172 ☐ Delete

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

TITLE COO  
NAME William A. Baldwin  
STREET ADDRESS 3075 NW 107 Ave  
CITY-ST-ZIP Miami, FL 33172 ☐ Delete

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

TITLE VASD  
NAME Charles J. Sanchez  
STREET ADDRESS 3075 NW 107 Ave  
CITY-ST-ZIP Miami, FL 33172 ☐ Delete

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

TITLE VASD  
NAME Bertin J. Perez  
STREET ADDRESS 3075 NW 107 Ave  
CITY-ST-ZIP Miami, FL 33172 ☐ Delete

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

TITLE VASD  
NAME Leo Garcia  
STREET ADDRESS 3075 NW 107 Ave  
CITY-ST-ZIP Miami, FL 33172 ☐ Delete

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

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:

Charles J. Sanchez

2/9/01

Date

(850) 893-7760  
(305) 592-2324

Daytime Phone #

CR2E034 (11/00)