

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90053 031 ***150.00

DOCUMENT # G98255

1. Entity Name

DAYTON PHARMACEUTICALS, INC.

Principal Place of Business

~~3307 N.W. 74 AVE.~~
~~MIAMI FL 33122~~

Mailing Address

~~3307 N.W. 74 AVE.~~
~~MIAMI FL 33122~~

2. Principal Place of Business

7760 NW 56 ST

Suite, Apt. #, etc.

3. Mailing Address

7760 NW 56 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL.

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

4. FEI Number

59-2531012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FARINAS, VICTOR G

~~3307 N.W. 74 AVE.~~
~~MIAMI FL 33122~~

7. Name and Address of New Registered Agent

Name

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

7760 NW 56 ST

City

MIAMI

FL

Zip Code

33166

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, 2002 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 NAME	P FARINAS, VICTOR G. <input type="checkbox"/> Delete
STREET ADDRESS	3307 NW 74TH AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE NAME	S FARINAS, REYNALDO <input type="checkbox"/> Delete
STREET ADDRESS	3307 NW 74 AVENUE
CITY-ST-ZIP	MIAMI FL 33122
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7760 NW 56 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7760 NW 56 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to this address, with all other like empowered.

SIGNATURE:

REYNALDO FARINAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02 (305) 594-0988
 Date Daytime Phone #

CR2E034 (9/01)