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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K09586

(4)

UNIPHARM, INC.

Principal Piace of Business Mailing Address

FILED May 16 1997 8:00am Secretary of State



NORTH MIAMI	78 BEACH FL 33180	P.O. BOX 600178 NORTH MIAMI BEACH FL	33160-0178	Date Incorporated or Qualified 12/28/1987	3a. Date of Last F 06/25/1996	Report
2. Principal F	vace of Business N.E. 1915 ST	2a. Mailing Address	_ ^	4. FEI Number		oplied For
21 352 / Suite Apt		26 P.O.Box 6 Suite, Apt. #, etc.	00178	65-0057158		ot Applicable
22 Suite Apr.	π, οιο	27		5. Certificate of Status Desired	7	Additional equired
City & Stat	i FC	City & State 28 V.M.B.	1-6	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24 <i>33 /</i> 7	9 25 Country USA	29 33160	30 US A		Yes 🔲 No	199.032
	9. Name and Address of Curren		81 Name	10. Name and Address of New Reg		
ONE TWO	IONT, NEIMAN & FEUERMAN, P. E BISCAYNE TOWER, SUITE 355 D SOUTH BISCAYNE BOULEVAR MI FL 33131	0	62 Street Adv. 3.5.2.63	DOERT M OLLA dress (P.O. Box Number is Not Acceptable	STREET	Code 2129
11. Pursuant office or agent La	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the Orligi	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F		orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing in the appointment as	ts registered registered
SIGNATURE		ent and title if applicable (NO	TE: Registered Agent signature req	quired when reinstating)	DATE	
12.	OFFICERS AN	ent and title if applicable (NO DISECTORS	TE: Registered Agent signature req			
12. THEF NAME STREET AUGRESS	PD POLLACK, ROBERT 2160 N.E. 191ST DRIVE	ent and title if applicable (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
12. THEF NAME STREET AUDRESS CCY+SF-7-2	PD POLLACK, ROBERT 2160 N.E. 191ST DRIVE NORTH MIAMI BEACH FL	ed and little if applicable (NO D DIRECTORS DELETE	15. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinstating)	☐ Change	Addition
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I do 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 annual report or supplemental annual 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