

2001 UNIFORM BUSINESS REPORT (UBR)

0000017 AF

DOCUMENT # L00000012258

1. Entity Name
UNIPHARM, L.L.C.

FILED

01 FEB 21 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
444 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131

Mailing Address
444 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

65-1045185

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM ERICHSEN, MOGENS
STREET ADDRESS
444 BRICKELL AVENUE, SUITE 300
CITY-ST-ZIP
MIAMI FL 33131 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
6000003768356-6
-02/26/01--01129--022
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE NAME
MGRM ERICHSEN, PETER
STREET ADDRESS
444 BRICKELL AVENUE, SUITE 300
CITY-ST-ZIP
MIAMI FL 33131 ☐ Delete

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

TITLE NAME
MGRM ERICHSEN, PER M
STREET ADDRESS
444 BRICKELL AVENUE, SUITE 300
CITY-ST-ZIP
MIAMI FL 33131 ☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PETER ERICHSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/2001
Date

(305) 933-0329
Daytime Phone #

CR2E083 (11/00)