2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012677

1. Entity Name

PHARMACEUTICAL TECHNOLOGIES GROUP LLC

FILED May 14, 2002 8:00 am Secretary of State 05-14-2002 90455 001 *1,200.00

Principal Pla			7				
	ace of Business	Mailing Address		-			
1591 EAST ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060		1591 EAST ATLANTIC BLVD., SUITE 200 POMPANO BEACH FL 33060					
					Falkika ing kalang ang panggan ang		
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		_	DO NOT WRI	TE IN THIS SPACE	
City & Star		City & State	<u> </u>	4. FEI	Number		Applied For
Zip	Country	Zip	Country	E Cart	Start of Old Dair	\$5.00 .	Not Applicable
	6 Name and Address of Co				ificate of Status Desired	Fee Requi	red
	6. Name and Address of Currer	nt Registered Agent	Nome	7. Nam	e and Address of New R	egistered Agent	
CAI	RLTON MANAGEMENT, INC.		Name				
159	P1 EAST ATLANTIC BLVD.		Street Address (P.O. Box		Number is Not Acceptable	9)	<u> </u>
	MPANO BEACH FL 33060						
			City			FL Zip Co	de
8. The above	e named entity submits this statement	for the purpose of changing	its registered office or re	gistered agent,	or both, in the State of Flo	rida.	
SIGNATURE .	Signature, typed or printed name of registered agei						
	Garatione, typed of printed fiame of registered age	nt and title if applicable. (N	OTE: Registered Agent signature r	equired when reinstat	ng)	DATE	
			NOW!!! FEE IS \$50			-	
		Make Check I	Payable to Departme	nt of State			
			ue By May 1, 2002				
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONO (01411050	
	LIOD				ADDITIONS/		
TITLE	MGR	☐ Dolete	TITLE				
TITLE NAME		☐ Delete	TITLE		· - · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	LAURENT, YVETTE	☐ Delete	NAME				Addition
NAME Street address	LAURENT, YVETTE 58 CITRONIER, APT. 1	☐ Delete	NAME STREET ADDRESS				☐ Addition
	LAURENT, YVETTE		NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE