

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90145 016 ***150.00

DOCUMENT # P00000001951

1. Entity Name

PHARMACONNECT, INC.

Principal Place of Business

**7864 GRANADA PLACE SUITE 502
BOCA RATON FL 33433**

Mailing Address

**7864 GRANADA PLACE SUITE 502
BOCA RATON FL 33433**

2. Principal Place of Business

14804 ENCLAVE LAKES DR.

Suite, Apt. #, etc.

T-2

City & State

DELRAY BEACH, FL.

Zip

33484

Country

USA

3. Mailing Address

14804 Enclave Lakes Dr.**Suite T-2****Delray Beach, FL 33484**

4. FEI Number

050970127

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWITZ, BARRY**7864 GRANADA PLACE SUITE 502
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

Street

Barry Lowitz**14804 Enclave Lakes Dr.****Suite T-2**

City

Delray Beach, FL 33484

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	LOWITZ, BARRY	
STREET ADDRESS	7864 GRANADA PLACE SUITE 502	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWITZ, BARRY	
STREET ADDRESS	14804 ENCLAVE LAKES DR.	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)