

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90058 023 ***150.00

DOCUMENT # P00000020063**1. Entity Name**
PHARCOR INTERNATIONAL CORP.**Principal Place of Business****11502 SW 124 PL**
MIAMI FL 33186**Mailing Address****11502 SW 124 PL**
MIAMI FL 33186**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0985093

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORREA, LUIS A**
15573 SW 112TH DRIVE
MIAMI FL 33196**7. Name and Address of New Registered Agent**

Name

* **Street Address (P.O. Box Number is Not Acceptable)****14321 SW 97 AVE**

City

Miami**FL**

Zip Code

33176**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete
NAME **PT**
CORREA, LUIS A
STREET ADDRESS **14321 SW 97TH AVE**
CITY - ST - ZIP **MIAMI FL 33176****TITLE** ☐ Delete
NAME **VPT**
URREGO, GLORIA L
STREET ADDRESS **14321 SW 97 AVE**
CITY - ST - ZIP **MIAMI FL 33176****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
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CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
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CITY - ST - ZIP**TITLE** ☐ Change ☐ 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****Gloria L Urrego**

Date

1/30/2002 305-278-7785

Daytime Phone #

CP2E034 (9/01)