

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90050 020 \*\*\*150.00

DOCUMENT #

1. Entity Name

P00000041547

THERAPEUTICS, INC.

**DO NOT WRITE IN THIS SPACE**

677380

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2760 SW 97 AVE

Suite, Apt. #, etc.

#103

City & State

MIAMI FL

Zip

33165

Country

USA

3. Mailing Address

2760 SW 97 AVE

Suite, Apt. #, etc.

#103

City & State

MIAMI FL

Zip

33165

Country

USA

4. FEI Number

65-0999538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Yamile Weaver

Street Address (P.O. Box Number is Not Acceptable)

2760 SW 97 AVE #103

City

MIAMI

FL

Zip Code

33165

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)

Yamile Weaver

08/15/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V-P/S  
WEAVER, ERIC  
2760 SW 97 AVE #103  
MIAMI FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P/T  
WEAVER, Yamile  
2760 SW 97 AVE #103  
MIAMI, FL 33165

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yamile Weaver

8/15/02 (305) 228-1706

Date

Daytime Phone #

*Attachment*

**THERAPEUTICS, INC**  
**2760 SW 97 Ave. S.103-104**  
**Miami, Fl 33165**  
**305-228-1706**

August 15, 2002

RE: p00000041547  
UBR - 2002

677380

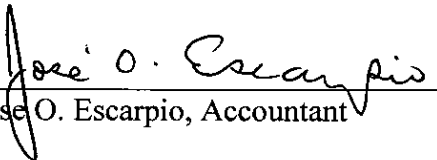
Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Sirs:

Through the following we request that your office process the enclosed UBR-2002 for our corporation and that no penalties be imposed on the company due to the fact that we never received the 1st. or 2sd. renewal notice. Our Corporation moved from its previous address early this year. We incorporated in 2000 and timely paid our previous report for 2001 during February of that year. We never received the year 2002 notices and just recently discovered that your annual fee had not been paid. We kindly request that you process our report without further fees or penalties.

Please write or call us at the above letterhead should further information be needed.

Truly yours,

  
Jose O. Escarpio, Accountant