

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-26-2001 90533 012 ***158.75

DOCUMENT # P00000045980

1. Entity Name

P.H.A.R. CORPORATION

Principal Place of Business

Mailing Address

% RUTECKI & ASSOCIATES, P.A.
 100 S.E. 2ND STREET 34TH FLOOR
 MIAMI FL 33131

% RUTECKI & ASSOCIATES, P.A.
 100 S.E. 2ND STREET 34TH FLOOR
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

2121 PONCE DE LEON BLVD
 Suite, Apt. #, etc.
 721

2121 PONCE DE LEON BLVD
 Suite, Apt. #, etc.
 721

City & State
 CORAL GABLES, FL

City & State
 Coral Gables, FL

Zip
 33134

Country

Zip
 33134

Country

4. FEI Number

65-1033433

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTECKI, HEATHER A ESQ.
 % RUTECKI & ASSOCIATES, P.A.
 100 S.E. 2ND STREET 34TH FLOOR
 MIAMI FL 33131

Name
 ALBERT VEGA

Street Address (P.O. Box Number is Not Acceptable)
 2121 PONCE DE LEON BLVD

SUITE 721

City
 CORAL GABLES

FL

Zip Code
 33134

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 State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GETREIDE, PATRICK
 100 S.E. 2ND STREET 34TH FLOOR
 MIAMI FL 33131 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D/P
 GETREIDE, PATRICK
 2121 PONCE DE LEON BLVD STE 721
 CORAL GABLES, FL 33134 ☒ Change ☐ Addition

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

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

DATE

Daytime Phone #

CR2E034 (10/00)