

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90025 031 ***150.00

DOCUMENT # P00000093238

1. Entity Name
VERTICAL SOURCE PHARMA INC.

Principal Place of Business

**141 NE 3RD AVENUE
 SUITE 300
 MIAMI FL 33132**

Mailing Address

**141 NE 3RD AVENUE
 SUITE 300
 MIAMI FL 33132**

2. Principal Place of Business

8900 SW 107 AVE

Suite, Apt. #, etc.

317

City & State

MIAMI FL

Zip

33176

Country

USA

3. Mailing Address

8900 SW 107 AVE

Suite, Apt. #, etc.

317

City & State

MIAMI FL

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1045577**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CABEZA, MANUEL E
 338 MINORCA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **International Registered Agents Corporation**

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

338 Minorca Avenue

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 **Maria Elena Cabeza, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/02

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **LIMA, CORI**
 STREET ADDRESS **141 NE 3RD AVENUE SUITE 300**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Lima, Cori**
 STREET ADDRESS **8900 SW 107 Avenue #317**
 CITY-ST-ZIP **miami, FL 33176**

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 REQUIRED** **Cori Lima**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

(305) 596-0360

Daytime Phone #

CR2E034 (9/01)

albert
Dr.
CABEZA & ASSOCIATES, P.A. *P00000093238*
ATTORNEYS AND COUNSELORS AT LAW

415570

February 12, 2002

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: Our File Number.: 1460-01-MEC
Corporation: Vertical Source Pharma Inc.
Document Number.: P00000093238

Dear Sir or Madam:

Enclosed is the 2002 Uniform Business Report of Vertical Source Pharma. along with a check in the amount of \$150.00, to cover the filing fee for the annual report.

If you have any questions regarding this filing, please call our office.

Sincerely,

McCabe

Maria Elena Cabeza
Paralegal

Enclosures