

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90076 013 ***150.00

0180336

DOCUMENT # P00000107285

1. Entity Name

PHARMACIA SELO, INC.

Principal Place of Business

**1225 SW 78 COURT
MIAMI FL 33144**

Mailing Address

**1225 SW 78 COURT
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

2588 SW 27th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33133

4. FEI Number

65-1056083

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

**GOLDSTEIN, DAVID M ESQ
200 S BISCAYNE BLVD SUITE 1880
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

ANTONIO GARCIA

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

2588 SW 27th Ave.

City

MIAMI**FL**

Zip Code

33133

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

3/19/019. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

3/19/01**(352) 265-3738**

CR2E034 (10/00)