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FILED
May 29, 2002 8:00 am
Secretary of State

03-13-2002 90065 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000788

1. Entity Name
PHARMACEUTICAL DATA SERVICES, INC.

Principal Place of Business
14640 SW 124TH PLACE
MIAMI FL 33186

Mailing Address
14640 SW 124TH PLACE
MIAMI FL 33186

2. Principal Place of Business: 12823 SW 147th St.
Suite, Apt. #, etc.
City & State: Miami. Fl.
Zip: 33186. Country: USA.

3. Mailing Address: 12823 SW 147th St.
Suite, Apt. #, etc.
City & State: Miami. Fla.
Zip: 33186 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1109316 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CARO, JULIAN
14640 SW 124TH PLACE
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Julian Caro — Jan 14.02
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CARO, MARI J	
STREET ADDRESS	14640 SW 124TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	☐ Delete
NAME	DE CARO, MARIA E	
STREET ADDRESS	14640 SW 124TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	☐ Delete
NAME	CARO, JULIAN	
STREET ADDRESS	14640 SW 124TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	☐ Delete
NAME	CARO, ADRIANA	
STREET ADDRESS	14640 SW 124TH PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OK SIGNATURE REQUIRED — Jan 14.02 — 786.2426836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #