

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90140 042 ***150.00

DOCUMENT # P01000036917

1. Entity Name
BETA PHARMACEUTICAL CORP.

Principal Place of Business

~~10975 N.W. 29 STREET~~
~~SUITE 203~~
~~MIAMI FL 33172~~

Mailing Address

~~10975 N.W. 29 STREET~~
~~SUITE 203~~
~~MIAMI FL 33172~~

2. Principal Place of Business

1820 North Corporate Lakes Blvd.
Suite, Apt. #, etc. 303

3. Mailing Address

Same

City & State
Weston, FL

Zip
33326

Country
USA

City & State

Zip

Country

4. FEI Number

65-1094963

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

RESTREPO, DIEGO L
~~150 S.E. 25TH ROAD~~
~~SUITE 12-D~~
~~MIAMI FL 33129~~

7. Name and Address of New Registered Agent

Name **Diego L. Restrepo**
 Street Address (P.O. Box Number is Not Acceptable) **547 MAJORCA 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	VALLECILLA, CARLOS A
STREET ADDRESS	10975 N.W. 29 STREET, SUITE 203
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	GOMEZ, JOSE G
STREET ADDRESS	10975 N.W. 29 STREET, SUITE 203
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	VELÉZ, JULIO A
STREET ADDRESS	10975 N.W. 29 STREET, SUITE 203
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLECILLA, CARLOS A
STREET ADDRESS	1820 North Corporate Lakes Blvd #303
CITY-ST-ZIP	Weston, Florida 33326
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gomez Jose G.
STREET ADDRESS	1820 North Corporate Lakes Blvd, #303
CITY-ST-ZIP	Weston, Florida 33326
TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	velez, Julio A.
STREET ADDRESS	1820 North Corporate Lakes Blvd, #303
CITY-ST-ZIP	Weston, Florida 33326
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lourdes M. Borges
STREET ADDRESS	1820 North Corporate Lakes Blvd, #303
CITY-ST-ZIP	Weston, Florida 33326
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lourdes M. Borges / Secretary Date: 1-29-02 (954) 384-8354
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)