

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041519

1. Entity Name
PRESCRIPTION RESOURCES, INC.

FILED
02 AUG 27 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13801 CARLTON DRIVE
DAVIE FL 33330

Mailing Address

13801 CARLTON DRIVE
DAVIE FL 33330

2. Principal Place of Business

110 E. Broward Blvd.
Suite, Apt. #, etc.
17th Floor

3. Mailing Address

110 E. Broward Blvd.
Suite, Apt. #, etc.
17th Floor

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1098100

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GREEN, MITCHELL F~~
~~4800 HOLLYWOOD BLVD SUITE 485 SOUTH~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name

Sherwin P. Simmons, P.A.

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

200 S. Biscayne Blvd., Ste. 4000

City

Miami

FL

Zip Code

33131

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.

Sherwin P. Simmons, P.A.

SIGNATURE By:

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 **D** ☒ Delete
NAME **LOVINS, DIANE**
STREET ADDRESS **13801 CARLTON DRIVE**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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/P/S/T** ☐ Change ☒ Addition
NAME **Chhabra, Vincent K.**
STREET ADDRESS **110 E. Broward Blvd., 17th FL**
CITY-ST-ZIP **Ft. Lauderdale, Florida 33301**

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent K. Chhabra, President

Date

Daytime Phone #

CR2E034 (9/01)