

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-02-2002 90155 050 ***158.75

DOCUMENT # P01000099549

1. Entity Name
APOTHEKE ENTERPRISE, INC.

Principal Place of Business Mailing Address
2121 PONCE DE LEON BLVD., SUITE #240 2121 PONCE DE LEON BLVD., SUITE #240
CORAL GABLES FL 33134 CORAL GABLES FL 33134

2. Principal Place of Business 3. Mailing Address
201 GALLEN, DR 201 GALLEN, DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
312 W
 City & State City & State
Miami, FL

Country Zip Country
US 149

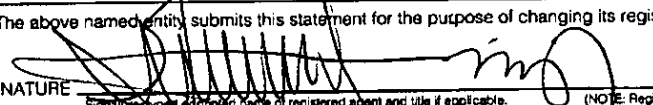
4. FEI Number **04-3640377** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
PRATS, GABRIEL
2121 PONCE DE LEON BLVD., SUITE #240
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **Jeancarlo Castanho**
 Street Address (P.O. Box Number is Not Acceptable)
201 Gallen, DR # 312 W
 City **Miami** FL Zip Code **33149**

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 **05/26/02**
Signature of principal or principal 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.
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	SILVA, EDNA MARA	2121 PONCE DE LEON BLVD., SUITE #240	CORAL GABLES FL 33134	<input type="checkbox"/>
VPSD	CASTANHO, JEAN CARLO	2121 PONCE DE LEON BLVD., SUITE #240	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **04/18/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)