

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90246 050 ***150.00

0222435 AV

DOCUMENT # P02000013750

1. Entity Name
FF PHARMACEUTICALS, INC.



Principal Place of Business
% JAMES MARX, P.A.
200 SOUTH BISCAYNE BOULEVARD SUITE 1870
MIAMI FL 33133

Mailing Address
% JAMES MARX, P.A.
200 SOUTH BISCAYNE BOULEVARD SUITE 1870
MIAMI FL 33133

11017251



2. Principal Place of Business
7760 N.W. 56th Street

3. Mailing Address
7760 N.W. 56 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

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

6. Name and Address of Current Registered Agent

MARX, JAMES ESQ
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD SUITE 1870
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
JAMES MARX
Street Address (P.O. Box Number is Not Acceptable)
848 Brickell Ave.
Suite 750
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES MARX**

4-24-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Victor Farinas
7760 N.W. 56th Street
Miami, FL 33122 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **P VICTOR FARINAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 305-5770276

Date

Daytime Phone #

CR2E034 (10/02)