

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90204 042 ***150.00

4/2

DOCUMENT # P02000017692

1. Entity Name
INTERPHARMA TRADE, INC.



Principal Place of Business
**6854 W FLAGLER STREET
MIAMI FL 33144**

Mailing Address
**6854 W FLAGLER STREET
MIAMI FL 33144**



2. Principal Place of Business
2550 NW 72 Ave.

3. Mailing Address
2550 NW 72 Ave.

Suite, Apt. #, etc.
Suite # 316

Suite, Apt. #, etc.
Suite 316

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
90-0009946

Applied For
☐ Not Applicable

Zip
33122

Country

Zip
33122

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORALES, HUGO M
6854 W FLAGLER STREET
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name
Morales, Hugo M.
Street Address (P.O. Box Number is Not Acceptable)
2550 NW 72 Ave.
Suite 316
City
Miami FL Zip Code
33122

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MORALES, HUGO M
6854 W FLAGLER STREET
MIAMI FL 33144** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
MONASTERIO, TAMARA
6854 W FLAGLER STREET
MIAMI FL 33144** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Morales, Hugo M
2550 NW 72 Ave Suite 316
Miami FL 33122** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
Monasterio, Tamara
2550 NW 72 Ave Suite 316
Miami FL 33122** ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

305-5923888

Daytime Phone #

CR2E034 (10/02)