

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 30 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800022164168
08/08/03--01002--015 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P02000038726**

1. Entity Name **The pharmacy consulting group inc**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1975 E Sunrise Blvd

Suite, Apt. #, etc.
726

City & State

Fort Lauderdale, FL

Zip
33304

Country
USA

3. Mailing Address

2917 Middle River Dr

Suite, Apt. #, etc.
#6

City & State

Fort Lauderdale, FL

Zip
33306

Country
USA

4. FEI Number

30-0077659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Michael Lifshotz**

Street Address (P.O. Box Number is Not Acceptable)
2917 Middle River Dr #6

City **Fort Lauderdale**

FL

Zip Code
33306

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P Michael Lifshotz**
STREET ADDRESS **2917 Middle River Dr #6**
CITY-ST-ZIP **Fort Lauderdale, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Lifshotz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-03

Date

Daytime Phone #

CR2E034B (12/02)

Attachment#

The Pharmacy Consulting Group

1975 E Sunrise Blvd #726.

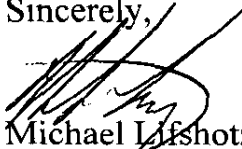
Fort Lauderdale, FL 33304

Phone (305) 503-9964 Fax (305) 503-5937

To Whom this may concern:

I recently moved my and in all of the moving confusion I forgot to renew my corporation. I called the FDS and they told me to write a letter and ask for a one time waiver of the reinstatement fee and to mail in a check for \$150. I am sorry for any inconvenience this may cause.

Sincerely,



Michael Lifshotz
President