

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91765 033 ***155.00

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DOCUMENT # P02000077983

1. Entity Name
PHARMWEB, INC.



Principal Place of Business
C/O CARLOS M BARRERA
8000 SW 69 TERR
MIAMI FL 33143

Mailing Address
C/O CARLOS M BARRERA
8000 SW 69 TERR
MIAMI FL 33143

2. Principal Place of Business
13316 SW 128 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33186 Country
U.S.A.

Zip

Country

4. FEI Number
22-3863255

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRERA, CARLOS M
8000 SW 69 TERR
MIAMI FL 33143

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BARRERA, CARLOS M	
STREET ADDRESS	8000 SW 69 TERR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARRERA, ROBERT E	
STREET ADDRESS	8000 SW 69 TERR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRERA, RENEE K	
STREET ADDRESS	8000 SW 69 TERR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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

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: *Info Bureau RECARLOS BARRERA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 786-242-6055
Date Daytime Phone #

CR2E034 (10/02)