

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90005 035 ***150.00

DOCUMENT # P02000082528

1. Entity Name

Pharmovisa Limited Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8465 SW 76 Terr.

3. Mailing Address

8340 W. Flaglee St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

44049516

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

MIAMI, FL

4. FEI Number

83-0337895

Applied For

Not Applicable

Zip

33143

Country

US

Zip

33144

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Morales, Jose C.

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

8465 SW 76 Terrace

City

Miami

FL

Zip Code

33143

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 PD
NAME Morales, Jose C.
STREET ADDRESS 8465 SW 76 Terrace
CITY-ST-ZIP Miami, FL 33143

TITLE VD
NAME Morales, Rosa L.
STREET ADDRESS 8465 SW 76 Terrace
CITY-ST-ZIP Miami, FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/20/04

CR2E034B (12/02)

Attachment
44049516

P02000082528

MANNY G. SOTO, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
FORMER IRS AGENT

MEMBER, AMERICAN INSTITUTE CPAs, CACPA's, NSA

8360 W. Flagler Street., Suite 206
Miami, FL 33144
Ph: 305-225-1592
Ph: 305-225-1492
Fax: 305-225-8502

CPA

July 16, 2004

Florida Dept of State
Division of Corporations

Dear Florida Dept of State:

This letter is being written in response to your notice of intent to dissolve Pharmovisa Limited Inc. P02000082528 EIN: 83-0337895 for the year 2004 the mailing address was 8465 SW 76 Terrace, Miami, FL 33143.

The taxpayer became aware of this as a result of having received this notice. He never received the original UBR for 2004, and as a result he did not file it on time.

We are asking for a waiver of the additional \$400.00 fee since the taxpayer did not receive the original notice to file UBR for 2004.

We are enclosing the UBR for 2004 along with a check for \$150.00

Sincerely,

Manny G. Soto CPA

Manny G. Soto CPA