2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -2 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000126144

1. Entity Name
Royalty Drug & Pharmaceutical Corp, Inc.

Principal Place of Business	Mailing Address
1001 NW 54th Street Miami, FL 33127	1001 NW 54th Street Miami, FL 33127

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number Applied ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Wilson, J. Everett 2151 Le Jeune Rd., Mezzanine Coral Gables, FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

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	DT Hyppolite, Laquinta 1001 NW 54 Street Miami, FL 33127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPT Hyppolite, Laquinta 1001 NW 54 St. Miami, FL 33127 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~Ayllon, Tammy~~ ~~1001 NW 54 St.~~ ~~Miami, FL 33127~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS Hyppolite, Ruben 1001 NW 54 St. Miami, FL 33127 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Hyppolite, Ruben 1001 NW 54 St. Miami, FL 33127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900023662859 10/03/03--01023--006 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ ~~Sohn, Gregory~~ ~~1001 NW 54 Street~~ ~~Miami, FL 33127~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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: Jacinto W. Hyppolite, Pard. 9/30/03 (305)754-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 10/2