

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90019 027 \*\*\*150.00

**DOCUMENT # P19014**

1. Entity Name

**PBM PHARMA, INC.**

Principal Place of Business

**330 S OCEAN BLVD  
DE  
PALM BEACH FL 33480  
US**

Mailing Address

**330 S OCEAN BLVD  
SE  
PALM BEACH FL 33480  
US**

2. Principal Place of Business

**330 S. Ocean Blvd.  
Suite, Apt. #, etc.  
5E**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**Palm Beach, FL**

City &amp; State

4. FEI Number

**65-0042459**

Applied For

Not Applicable

Zip

Country

**33480****U.S.**

Zip

Country

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

**BERGER, HOWARD H.  
330 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BERGER, HOWARD H.	330 SOUTH OCEAN BLVD.	PALM BEACH FL						
	STD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BERGER, E. EDITH	330 SOUTH OCEAN BLVD.	PALM BEACH FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, 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 #

CR2E034 (10/00)