

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000005085**

1. Entity Name

RUECKERT PHARMACEUTICAL COMPANY**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90023 027 ***150.00

0174146

Principal Place of Business
**1440 JF KENNEDY CSWY
SUITE 400 C
NORTH BAY VILLAGE FL 33141
US**

Mailing Address
**1440 J F KENNEDY
400 C
NORTH BAY VILLAGE FL 33141
US**

00006824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0378519**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CARLOS J. VILLALOBOS
1440 J. F. KENNEDY CSWY, 400
NORTH BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	YACOOB, ELI			
	1440 J.F. KENNEDY CSWY S-400			
	NORTH BAY VILLAGE FL			
	CFOD			
	VILLALOBOS, CARLOS J			
	1440 J. F. KENNEDY CSWY, #400			
	NORTH BAY VILLAGE FL			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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)