

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 009 ***150.00

DOCUMENT # P94000002659
1. Entity Name
Direct Effect, Inc.

DO NOT WRITE IN THIS SPACE

80058843

2. Principal Place of Business
5545D N.W. 35 Ave
Suite, Apt. #, etc.

3. Mailing Address
5668 S. Olathe Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale FL

City & State
Centennial CO

4. FEI Number 65-9820000 Applied For
Not Applicable

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

Zip 33309 Country USA Zip 80015 Country USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Paul Pharmed

Street Address (P.O. Box Number is Not Acceptable)
10525 SW 161 Terrace

City Miami FL Zip Code 33157

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 *Paul Pharmed* Paul Pharmed DATE 3-21-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$31.25
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	D Demers, Richard F. 5668 S. Olathe Lane Centennial, CO 80015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Demers, Patricia 5668 S. Olathe Lane Centennial, CO 80015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M Pharmed, Paul 10525 S.W. 161 Terrace Miami, FL 33157	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Demers (S) Patricia Demers* 3-21-02 720-870-0548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)