2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

FILED DOCUMENT # P9400032074 Mar 17, 2000 8:00 am 1. Entity Name ADVANCED PHARMACEUTICALS MANAGEMENT, INC. **Secretary of State** 03-17-2000 90078 010 ***150.00 Principal Place of Business Mailing Address 1168 SOLANA AVE. +168-GOLANA-AVE. WINTER PARK Ft. 32789 WINTER PARK PL 32789-2332 2. Principal Place of Business 3. Mailing Address 948 Papaya Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3244356 <u>Wi</u>nter S Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32708 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. Manis Harriet Street Address (P.O. Box Number is Not Acceptable) **TEFROWITZ: IVAN M** 430 N-MILLS AVE ORLANDO FL 32803 Winter Springs Zip Code **32708** 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 صنديم (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST Manis, Harriet TITLE Addition □ Delete TITLE MANIS, HARRIET 968 Papaya Lane NAME NAME HIGH SOLANA AVE. STREET ADDRESS STREET ADDRESS Winter-Springs, FL 32708 CITY-ST-ZIF WINTER PARK FL 32789 CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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