

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90395 013 \*\*\*150.00

**DOCUMENT # P95000016402**

1. Entity Name  
**PHARMOVISA, INC.**

Principal Place of Business

**5855 SW 137 AVE  
 INSIDE POPULAR DISCOUNT  
 MIAMI FL 33183  
 US**

Mailing Address

**22 NW 136 AVE  
 MIAMI FL 33182**

2. Principal Place of Business

3. Mailing Address

**8465 SW 76 Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLA**

4. FEI Number

**65-0560716**

Applied For

Not Applicable

Zip

Country

Zip

**33143**

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

**TRIAY, CARLOS A  
 999 PONCE DE LEON BLVD, 1110  
 CORAL GABLES FL 33134**

Name **JOSE CARLOS MORALES**

Street Address (P.O. Box Number is Not Acceptable)

**8465 SW 76 Terrace**

City

**MIAMI**

FL

Zip Code

**33143**

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, 2002 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 **P** ☐ Delete  
 NAME **MORALES, JOSE C**  
 STREET ADDRESS **22 NW 136 AVE**  
 CITY-ST-ZIP **MIAMI FL 33184**  
**8465 SW 76 Terrace**  
**MIAMI FLA 33143**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST.** ☐ Delete  
 NAME **MORALES, ROSY V**  
 STREET ADDRESS **22 NW 136 AVE**  
 CITY-ST-ZIP **MIAMI FL 33184**  
**8465 SW 76 Terrace**  
**MIAMI FLA 33143**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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 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 (9/01)