

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

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90012 047 \*\*\*150.00

DOCUMENT # P 95000016402

1. Entity Name

Pharmovisa Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5855 SW 137 Ave.

3. Mailing Address

8360 W. Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

44050004

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0560716

Applied For

Not Applicable

Zip

33183

Country

US

Zip

33144

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Morales, Jose C.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Morales, Jose C.  
8465 SW 76 Terrace  
Miami, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Morales, Rosy L.  
8465 SW 76 Terrace  
Miami, FL 33143

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/04

Date

Daytime Phone #

CR2E034B (12/02)

44050004

MANNY G. SOTO, C.P.A., P.A.

*advis*

*CPA*

CERTIFIED PUBLIC ACCOUNTANT  
FORMER IRS AGENT

MEMBER, AMERICAN INSTITUTE CPA's, CACPA's, NSA

8360 W. Flagler Street., Suite 206  
Miami, FL 33144  
Ph: 305-225-1592  
Ph: 305-225-1492  
Fax: 305-225-8502

July 16, 2004

Florida Dept of State  
Division of Corporations

Dear Florida Dept of State:

This letter is being written in response to your notice of intent to dissolve Pharmovisa Inc. P95000016402 EIN: 65-0560716 for the year 2004 the mailing address was 8465 SW 76 Terrace, Miami, FL 33143.

The taxpayer became aware of this as a result of having received this notice. He never received the original UBR for 2004, and as a result he did not file it on time.

We are asking for a waiver of the additional \$400.00 fee since the taxpayer did not receive the original notice to file UBR for 2004.

We are enclosing the UBR for 2004 along with a check for \$150.00

Sincerely,

*Manny Soto CPA*

Manny G. Soto CPA