

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057621

1. Entity Name

PHARMACEUTICAL ADVISORS, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90060 032 \*\*\*550.00

Principal Place of Business

1514 SW 149TH AVE  
PEMBROKE PINES FL 33027-2317

Mailing Address

1514 SW 149TH AVE  
PEMBROKE PINES FL 33027-2317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0596559

Applied For

Not Applicable

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

MOSKOVITZ, DAVID  
1514 SW 149TH AVE  
PEMBROKE PINES FL 33027-2317

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: *David Moskowitz*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/30/00*

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	MOSKOVITZ, SANDRA	
STREET ADDRESS	1514 SW 149TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027-2317	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOSKOVITZ, DAVID	
STREET ADDRESS	1514 SW 149TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027-2317	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOSKOVITZ, DANIEL	
STREET ADDRESS	3601 NE 207 ST APT 1110	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOSKOVITZ, ROBERT	
STREET ADDRESS	3601 NE 207 ST APT 1110	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

*8/30/00*  
Date

*305 5864295*  
Daytime Phone #

CR2E034 (9/99)