

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057621

1. Entity Name  
PHARMACEUTICAL ADVISORS, INC.

Principal Place of Business Mailing Address  
1514 SW 149TH AVE 1514 SW 149TH AVE  
PEMBROKE PINES FL 33027-2317 PEMBROKE PINES FL 33027-2317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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 V ☐ Delete  
NAME MOSKOVITZ, SANDRA  
STREET ADDRESS 1514 SW 149TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33027-2317

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

TITLE P ☐ Delete  
NAME MOSKOVITZ, DAVID  
STREET ADDRESS 1514 SW 149TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33027-2317

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

TITLE SECRETARY ☐ Delete  
NAME MOSKOVITZ, DANIEL  
STREET ADDRESS 1198 VENETIAN WAY #104  
CITY-ST-ZIP MIAMI FLORIDA 33139

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

TITLE TREASURER ☐ Delete  
NAME MOSKOVITZ, ROBERT  
STREET ADDRESS 1920 N. OAKHAVEN CIRCLE  
CITY-ST-ZIP North Miami Beach FL 33179

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1/6/02 305 688 4245

Date

Daytime Phone #

0158826 AV

CR2E034 (9/01)

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90003 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE