

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065652

1. Entity Name

PHARMA 2000 DYNAMIC TRADE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90052 034 ***150.00

Principal Place of Business

2355 SALZEDO STREET
SUITE 310
CORAL GABLES FL 33134

Mailing Address

4545 N.W. 7TH STREET
12
CORAL GABLES FL 33126-2352
US

C0084588



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9450 Sunset Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL

City & State

Zip

33173

Country

USA

Zip

Country

4. FEI Number

65-0605247

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

IZQUIERDO, NICOLAS D
2660 S.W. 37TH AVENUE
MIAMI FL 33133

Name

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

7901 N. Kendall Drive

City

Miami

FL

Zip Code

33156

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

Nicolas Izquierdo

Signature typed or printed name of registered agent acceptable 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, 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	PTD	<input type="checkbox"/> Delete
NAME	IZQUIERDO, NICOLAS D	
STREET ADDRESS	2660 S.W. 37TH AVE., #700	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	IZQUIERDO, JORGE L	
STREET ADDRESS	CALLE D NO. 103 MONTEERRICO CHICO	
CITY-ST-ZIP	LIMA-PERU	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7901 N. Kendall Drive	
STREET ADDRESS	Miami, FL. 33156	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7901 N. Kendall Drive	
STREET ADDRESS	Miami, FL. 33156	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Nicolas Izquierdo
President

3-28-00

(305) 598-2209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)