

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065652

1. Entity Name

PHARMA 2000 DYNAMIC TRADE, INC.

Principal Place of Business

9450 SUNSET DRIVE
SUITE 106
MIAMI FL 33173

Mailing Address

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

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 65-0605247

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
7901 NORTH KENDALL DRIVE
MIAMI FL 33156

Name

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

City

01 APR 29 AM 11:29
DEPT. OF REVENUE
RECEIVED

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
IZQUIERDO, NICOLAS D
7901 NORTH KENDALL DRIVE
MIAMI FL 33156 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
IZQUIERDO, JORGE L
7901 NORTH KENDALL DRIVE
MIAMI FL 33156 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Nicolas Izquierdo
President

04-09-01

Date

845-598-2209

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90026 037 ***150.00

00062714



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)