

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90331 006 ***150.00

0183484

DOCUMENT # P95000071616

1. Entity Name

PHARMAPLUS, INC.

Principal Place of Business

~~1550 W 84 STREET~~
~~HALEAH FL 33412~~

Mailing Address

3400 CORAL WAY
600
MIAMI FL 33145-3053

962445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3400 Coral Way

3. Mailing Address

Suite, Apt. #, etc.
600

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-0610563

Applied For

Not Applicable

Zip

33145-3053

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORENO, MIGUEL
87832 NW 139 TERRACE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

FRANK DIAZ

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

3400 Coral Way # 600

City

Miami

FL

Zip Code

331453053

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

Frank Diaz

FRANK DIAZ

4-24-01

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

TITLE ~~PSD~~ ☒ Delete
NAME **MORENO, MIGUEL**
STREET ADDRESS **8782 NW 189 TERRACE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P,S,D** ☒ Change ☐ Addition
NAME **Frank Diaz**
STREET ADDRESS **3400 Coral Way**
CITY-ST-ZIP **Miami, Fla. 33145-3053**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Frank Diaz

Frank Diaz

Pres.

4-24-01

305-446-2055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)