

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019709

1. Entity Name

PHARMED SERVICES CORP.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90121 050 ***150.00

Principal Place of Business

Mailing Address

3075 N.W. 107TH AVENUE
MIAMI FL 33172

3075 N.W. 107TH AVENUE
MIAMI FL 33172-2134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0655497

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

SANCHEZ, CHARLES J
3075 N.W. 107TH AVENUE
MIAMI FL 33172

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, 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 ☐ Delete
NAME PD
STREET ADDRESS DE CESPEDES, JORGE L
CITY-ST-ZIP 3075 NW 107 AVE.
MIAMI FL 33172

TITLE ☐ Change ☒ Addition
NAME CFO
STREET ADDRESS Bertin J. Perez
CITY-ST-ZIP 3075 NW 107 Avenue
Miami, FL 33172

TITLE ☐ Delete
NAME VD
STREET ADDRESS DE CESPEDES, CARLOS M
CITY-ST-ZIP 3075 NW 107 AVE.
MIAMI FL 33172

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

TITLE ☐ Delete
NAME VDT
STREET ADDRESS BALDWIN, WILLIAM A
CITY-ST-ZIP 3075 NW 107 AVE.
MIAMI FL 33172

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

TITLE ☐ Delete
NAME VDS
STREET ADDRESS SANCHEZ, CHARLES
CITY-ST-ZIP 3075 NW 107 AVE.
MIAMI FL 33172

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

TITLE ☐ Delete
NAME VDT
STREET ADDRESS GARCIA, LEO
CITY-ST-ZIP 3075 NW 107 AVE.
MIAMI FL 33172

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:

Charles J. Sanchez

Jan. 12, 2000

(305) 592-2324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #