2000 HAIFORM BUSINESS DEBORT/HIRRY

DOCUMENT # P96000075872 1. Entity Name Pharmanay, Inc.				FILED May 16, 2000 8:00 am Secretary of State 05-16-2000 90018 013 ***150.00
204: Suite Booa 334	ce of Business 3 SR 7 2. 180 2. Ration, FL 2. 8 USA Place of Business	Mailing Address 2043 SR 7 Suitz 180 Boca Raton 33498 U	.FL	មួមមួយ១០១៤១
Suite, Apt		Suite, Apt. #, etc.	· 	DO NOT WRITE IN THIS SPACE
City & Sta	te	City & State		4. FEL Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
Gary M. Krasna			Name	
			Street Ac	dress (P.O. Box Number is Not Acceptable)
Sui	te 301W			
Boc	a Raton, FL 339	43.1	City	FL Zip Code
			registered office or	registered agent, or both, in the State of Florida.
SIGNATURE		ADTE	- Donatarad A cast sincet	re required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE [Institute and applicable of the control				
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	_ After MAY 1, 20	II-FEE IS \$150.0 00 Fee will be \$5	50.00 Trust Fund Contribution. Added to Fees
	eria on back)	Make Check Payab	CONTRACTOR CONTRACTOR	of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
11.	OFFICERS AND	Delete	12.	
NAME STREET ADDRESS	Schen Charles 20143 Trillium		NAME STREET ADORESS	Stuart Meadow 22261 Alyssum Way
CITY-ST-ZIP	Boca Raton, FL		CITY-ST-ZIP	Boxa Raton FL 33433
TITLE NAME	meadow, Doma	Delete	TITLE NAME	VPD Change MAddition Steven Gorn
STREET ADDRESS	22261 Alyssum W	W .	STREET ADDRESS	19638 Star Island Drive
CITY-ST-ZIP	Boca Raton FL		CITY-ST-ZIP	Baca Raton, FL 33498
TITLE ,	P	Delete	TITLE	VP/S/T/D. □ Change ☑ Addition
NAME CTREET +DODGE	Gorn, Joann 19638 Staw Islan	A Dd.a.	NAME STREET ADDRESS	1375 Coney Island Avance
STREET ADDRESS CITY-ST-ZIP	Ross Roter PL	u Olive	CITY-ST-ZIP	Brooklyn NY 1/230
TITLE	SECTOBRIT -	Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	Change Addition
TITLE NAME		☐ Delete	TITLE NAME	Change C Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	·
CITY-ST-ZIP			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	i, or on an attachment with an address w	ith all other like empowered.	e Good	1,666 -11,1102-m21
SIGNAT	FURE:SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFICER		Date Dayline Phone #