

FILED
Jul 22, 2002 8:00 am
Secretary of State

05-21-2002 91115 006 ***150.00

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# P 9700000 0323

1. Entity Name

Pharmet Drugs, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8581 S.W. 8th St.

3. Mailing Address

SAME

State, Apt. # or

State, Apt. # or

175

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33144 Miami, Fla

4. FEI Number

65-0781377

Accepted For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

7. This statement certifies that the information furnished herein is true and correct for the purpose of changing its registered office or registered agent or both in the State of Florida.

SIGNATURE

Signature must be printed name of a natural person who is authorized to execute this statement.

8. This corporation is eligible to qualify its franchise tax filing requirement and elects to do so. (See statute on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP
JUAN A. LIMENEZ	8581 SW 8th St.	Miami, FL 33144
NAME	STREET ADDRESS	CITY, ST, ZIP
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information provided in this report or statement is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its parent or person empowered to execute this report or statement. I am not a director or officer of the corporation or its parent or person empowered to execute this report or statement.

SIGNATURE:

JUAN A LIMENEZ

04/03/02 305-362-0079