

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000009353**

1. Entity Name  
**AMERICAN PHARMACEUTICAL CORPORATION**

Principal Place of Business 8390 N.W. 53RD STREET, SUITE 105 201 MIAMI FL 33166	Mailing Address 8390 N.W. 53RD STREET, SUITE 105 201 MIAMI FL 33166
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **65-0817889**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GAULKIN JOEL MESQUIRE**  
**4627 PONCE DE LEON BLVD., 2ND FLOOR**  
**CORAL GABLES FL 33146**  
 US

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete
NAME IZQUIERDO MARIA R	
STREET ADDRESS 8390 NW 53 ST #201	
CITY-ST-ZIP MIAMI FL 33166	
TITLE TD	<input type="checkbox"/> Delete
NAME BERTEMATI TERESA	
STREET ADDRESS 8390 NW 53 ST #201	
CITY-ST-ZIP MIAMI FL 33166	
TITLE VSD	<input type="checkbox"/> Delete
NAME ZABIELINSKY STEVE	
STREET ADDRESS 8390 NW 53 ST #201	
CITY-ST-ZIP MIAMI FL 33166	
TITLE PD	<input type="checkbox"/> Delete
NAME CANELA HERIBERTO	
STREET ADDRESS 8390 NW 53 ST #201	
CITY-ST-ZIP MIAMI FL 33166	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **TERESA BERTEMATI** TD 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)