

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074160

i. Entity Name

Pharma Homecare and Meds, Inc.

Principal Place of Business

1734 S.W. 24th St.
Suite B-102
Miami, FL 33165

Mailing Address

9734 S.W. 24th St.
Suite B-102
Miami, FL 33165

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

650779699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Pujols, - Jose R.
2701 S.W. Le Jeune Rd.
Suite 407
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

ST	ZIP	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
RD		Riguer, Aida M.	9734 S.W. 24 th St., #B-102	Miami, FL 33165	<input checked="" type="checkbox"/>
RD		Riguer, Frank	9734 S.W. 24 th St., #B-102	Miami, FL 33165	<input checked="" type="checkbox"/>
RD		Mendez, Aida	9734 S.W. 24 th St., #B-102	Miami, FL 33165	<input checked="" type="checkbox"/>
RD		Mendez, Orlando	9734 S.W. 24 th St., #B-102	Miami, FL 33165	<input checked="" type="checkbox"/>
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete

12.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/D	Arnesto, Ana Maria	9734 S.W. 24 th St., #B-102	Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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51.25 ☐ Change ☒ Addition

SP

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:

X [Signature]