## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000059273** 1. Entity Name PHARMACHEM(USA), INC. 05-15-2000 90143 004 \*\*\*150.00 Mailing Address Principal Place of Business 28 W FLAGLER ST 2202 CYPRESS BEND DR STF 400 υυσσσσι STE 805 POMPANO BEACH FL 33069 MIAMI FL 33130-1826 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0883292 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ENRIQUEZ, CARLOS A** Street Address (P.O. Box Number is Not Acceptable) 28 W FLAGLER ST **STE 400 MIAMI FL 33130** Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director Addition ☐ Change PD TITLE ☐ Delete TITLE Rose, Jonathan DODDS, MICHAEL R NAME NAME STREET ADDRESS STREET ADDRESS 9350 S. Dixie Highway, PH 2 2202 CYPRESS BEND DR #805 CITY-ST-ZIP CITY-ST-ZIP Miami. FL 33056 POMPANO BEACH FL 33069 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME RESSING, A. HERB STREET ADDRESS STREET ADDRESS 1531 SE 12TH CT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Addition ☐ Change Delete TITLE NAME NAME\_ .CLARK, DELORES STREET ADDRESS STREET ADDRESS 2202 CYPRESS BEND DR CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change ☐ Addition ☐ Delete TITLE TITLE NAME **ENRIQUEZ, CARLOS** NAME STREET ADDRESS STREET ADDRESS 28 W FLAGLER ST #400 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33130** ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME PADRON, GRACIELA NAME STREET ADDRESS STREET ADDRESS 9651 SW 123 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** □ Change Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7/P

4/27/2000 (305) 371-3050 Carlos Enriquez SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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