2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000086142**

1. Entity Name
PHARMA DYNAMICS, INC.

Principal Place of Business	Mailing Address
1568 SHELTER COVE	1526 QUAIL WOOD CT
ORANGE PARK FL	ORANGE PARK FL
32073 US	32073 US

2. Principal Place of Business	3. Mailing Address
1568 SHELTER COVE	1526 QUAIL WOOD CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK FL	City & State: ORANGE PARK FL
Zip: 32003 Country: US	Zip: 32003 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3536297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NANA EKUZABETG
1525 QUAIL WOOD

ORANGE PARK FL
32073

7. Name and Address of New Registered Agent

Name
NANA ELIZABETH

Street Address (P.O. Box Number is Not Acceptable)
1525 QUAIL WOOD

City: ORANGE PARK **FL** Zip Code: 32003

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 ELIZABETH NANA 04/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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					12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D			☐ Delete	TITLE	D			☒ Change ☐ Addition
NAME	TANCINCO	CHONA			NAME	TANCINCO	CHONA		
STREET ADDRESS	1568 SHELTER COVE				STREET ADDRESS	1568 SHELTER COVE			
CITY-ST-ZIP	ORANGE PARK	FL	32073		CITY-ST-ZIP	ORANGE PARK	FL	32003	
TITLE	D			☐ Delete	TITLE	D			☒ Change ☐ Addition
NAME	ALVAREZ	FRANCISCO			NAME	ALVAREZ	FRANCISCO		
STREET ADDRESS	1568 SHELTER COVE				STREET ADDRESS	1568 SHELTER COVE			
CITY-ST-ZIP	ORANGE PARK	FL	32073		CITY-ST-ZIP	ORANGE PARK	FL	32003	
TITLE	D			☐ Delete	TITLE	D			☒ Change ☐ Addition
NAME	LIBUNAO	MARIA	I		NAME	LIBUNAO	MARIA	I	
STREET ADDRESS	1568 SHELTER COVE				STREET ADDRESS	1568 SHELTER COVE			
CITY-ST-ZIP	ORANGE PARK	FL	32073		CITY-ST-ZIP	ORANGE PARK	FL	32003	
TITLE	VD			☐ Delete	TITLE	VD			☒ Change ☐ Addition
NAME	LIBUNAO	CHRISTIAN	A		NAME	LIBUNAO	CHRISTIAN	A	
STREET ADDRESS	1568 SHELTER COVE				STREET ADDRESS	1568 SHELTER COVE			
CITY-ST-ZIP	ORANGE PARK	FL	32073		CITY-ST-ZIP	ORANGE PARK	FL	32003	
TITLE	STD			☐ Delete	TITLE	STD			☒ Change ☐ Addition
NAME	LIBUNAO	CRISTETITA	A		NAME	LIBUNAO	CRISTETITA	A	
STREET ADDRESS	1568 SHELTER COVE				STREET ADDRESS	1568 SHELTER COVE			
CITY-ST-ZIP	ORANGE PARK	FL	32073		CITY-ST-ZIP	ORANGE PARK	FL	32003	
TITLE	PD			☐ Delete	TITLE	PD			☒ Change ☐ Addition
NAME	LIBUNAO	DAN	S		NAME	LIBUNAO	DAN	S	
STREET ADDRESS	1568 SHELTER COVE				STREET ADDRESS	1568 SHELTER COVE			
CITY-ST-ZIP	ORANGE PARK	FL	32073		CITY-ST-ZIP	ORANGE PARK	FL	32003	

CR2E034 (11/00)

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: Dan S. Libunao Pres 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #