FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000102178 PHARMA RESEARCH GROUP, INC. 04-11-2001 90021 023 ***150.00 Principal Place of Business Mailing Address 7000 S.W. 62ND. AVE..STE.PH-S 7000 S.W. 62ND. AVE.,STE,PH-S SOUTH MIAMI FL 33143 SOUTH MIAM! FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0959098 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STAUBER, RONALD Street Address (P.O. Box Number is Not Acceptable) 7000 S.W. 62ND. AVE., STE.PH-S SOUTH MIAMI FL 33143 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE STAUBER, RONALD NAME NAME 7000 SW 62ND AVE-#PH5 STREET ADDRESS STREET ADDRESS S. MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change **BLOOM, MICHAEL** NAME 7000 SW 62ND AVE-PH5 STREET ADDRESS STREET ADDRESS S. MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change .BLOOM, MICHAEL ---NAME . NAME : - -7000 SW 62ND AVE-#PH5 STREET ADDRESS STREET ADDRESS S. MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP DIRECTUR TITLE ☐ Delete TITLE ☐ Change **≥** Addition TSAAC BASSAN AVE Ph - S NAME NAME STREET ADDRESS STREET ADDRESS SOUTH MIAMI, FL 33143 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Ronald Hauben

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONAUD STAUBER

4/3/01

(305)669-8300

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Daytime Phone #