

# 2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P98000102178

1. Entity Name

PHARMA RESEARCH GROUP, INC.

Principal Place of Business Mailing Address  
4302 Alton Road 4302 Alton Road  
Suite 850 Suite 850  
Miami Beach, FL 33140 Miami Beach, FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650959098

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

ISAAC BASSAN  
4302 Alton Road  
Suite 850  
Miami Beach, Florida 33140

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

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

TITLE NAME PD  
STREET ADDRESS ISAAC BASSAN  
CITY-ST-ZIP 4302 Alton Road, Suite 850  
Miami Beach, FL 33140 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME D  
STREET ADDRESS MICHAEL BLOOM  
CITY-ST-ZIP 4302 Alton Road, Suite 850  
Miami Beach, FL 33140 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300004736233--  
CITY-ST-ZIP -12/24/01--01003--010  
\*\*\*\*\*61.25 ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC BASSAN, President 12/10/01

2,228

CR2E034 (11/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 12 PM 4:49