

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038779

1. Entity Name

PHARMED HEALTH PLACE SOLUTIONS, INC.

Principal Place of Business

3075 NW 107 AVE
MIAMI FL 33172

Mailing Address

3075 NW 107 AVE
MIAMI FL 33172-2134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT B
2200 SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Charles J. Sanchez

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

3075 NW 107 Avenue

City

Miami

FL

Zip Code
33172

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 Charles J. Sanchez

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

(NOTE: Registered Agent signature required when reinsuring)

1/12/2000

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, 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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DE CESPEDES, JORGE
STREET ADDRESS 3075 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME PEREZ, BERTIN
STREET ADDRESS 3075 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME BRAZER, BARRY
STREET ADDRESS 1551 NW 107 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME VALENCIA, ROBERTO
STREET ADDRESS 2775 E, OAKLAND PARK BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

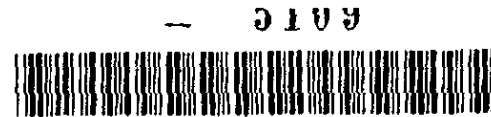
[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

(305) 592-2324

DayTime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)