

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038779

1. Entity Name
PHARMED, HEALTH PLACE SOLUTIONS, INC.

Principal Place of Business 3075 N.W. 107TH AVENUE
MIAMI, FL 33172

Mailing Address SAME

2. Principal Place of Business Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

4. FEI Number 650916187

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

6. Name and Address of Current Registered Agent
Charles J. Sanchez
3075 N.W. 107TH Avenue
Miami, FL 33172

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	STREET ADDRESS	CITY-ST-ZIP	DELETE
P, D	Jorge L. de Céspedes	3075 NW 107 Ave	Miami, FL 33172	<input type="checkbox"/>
P, D	Bertin Perez	3075 NW 107 Ave	Miami, FL 33172	<input type="checkbox"/>
P, D	Berry Brazier	3075 NW 107 Ave	Miami, FL 33172	<input checked="" type="checkbox"/>
P, D	Roberto Valencia	2775 E. Oakland Park Blvd.	Ft. Lauderdale, FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
S, D	Charles J. Sanchez	3075 NW 107 Ave	Miami, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Charles J. Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3, 2001 **(305) 592-2324**
Date Daytime Phone #

APPROVED
AND
FILED

01 APR -3 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)