

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044401

1. Entity Name

I.V. SOLUTIONS PHARMACEUTICALS, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90154 028 ***550.00

Principal Place of Business

391 ARAGON AVENUE 1896 S.W. 57 AVE.
SUITE 101
CORAL GABLES FL 33134 Miami, FL 33155

Mailing Address

391 ARAGON AVENUE 1896 S.W. 57 AVE.
SUITE 101
CORAL GABLES FL 33134 Miami, FL 33155

2. Principal Place of Business

1896 S.W. 57 AVE.
Suite, Apt. #, etc.

3. Mailing Address

1896 S.W. 57 AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33155

City & State

Miami, FL 33155

4. FEI Number

65-0927675

Applied For

Not Applicable

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASCUAL, ELIZABETH

391 ARAGON AVENUE 1896 S.W. 57 AVE.
SUITE 101
CORAL GABLES FL 33134 Miami, FL 33155

Name

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

1896 S.W. 57 AVE.

City

Miami

FL

Zip Code
33155

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 Pascual

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS
NAME PASCUAL, ELIZABETH
STREET ADDRESS 391 ARAGON AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE P.S.
NAME PASCUAL, Elizabeth
STREET ADDRESS 1896 S.W. 57 AVE.
CITY-ST-ZIP Miami FL 33155 ☒ Change ☐ Addition

TITLE VT
NAME CALDERON, ISABEL
STREET ADDRESS 391 ARAGON AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VT
NAME CALDERON, Isabel
STREET ADDRESS 1896 S.W. 57 AVE.
CITY-ST-ZIP Miami, FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Isabel Calderon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/2000
Date

20-260-3463
Daytime Phone #