

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000050745

1. Entity Name

MED-TECH PHARMACEUTICALS OF SOUTH FLORIDA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

04-26-2000 90153 035 ***150.00

| | |
|--|---|
| Principal Place of Business 4491 SOUTH STATE ROAD 7 SUITE 200 FORT LAUDERDALE FL 33314 | Mailing Address 4491 SOUTH STATE ROAD 7 SUITE 200 FORT LAUDERDALE FL 33314-4032 |
|--|---|

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|---|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. <i>Suite 208</i> | | Suite, Apt. #, etc. <i>Suite 208</i> | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number <i>65-0923280</i> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent BOISVERT, LOUIS W III 4491 SOUTH STATE ROAD 7 SUITE 200 FORT LAUDERDALE FL 33314 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Suite 208</i> 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DPS Boisvert, Louis W. III 4491 South State Road 7, Ste. 208 Ft. Land, FL. 33314</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *f.w. Boisvert* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)