

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060849

1. Entity Name

PHARMEX USA, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90063 032 ***150.00

Principal Place of Business

3734 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

Mailing Address

3734 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311-1157

2. Principal Place of Business

35 S.W. 1st Ave

Suite, Apt. #, etc.

3. Mailing Address

35 S.W. 1st Ave

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number

65-0933092

Applied For

Not Applicable

Zip

33004

Country

Zip

33004

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, JEFFREY B ESQ.
100 SE 6TH STREET
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: Gregory Lewis

Street Address (P.O. Box Number is Not Acceptable)
35 S.W. 1st Ave

City Dania Beach

FL

Zip Code 33004

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

1/18/00

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 D
NAME THOMAS, ERIC
STREET ADDRESS 3734 W. OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Gregory Lewis
STREET ADDRESS 35 Sw 1st Ave
CITY-ST-ZIP Dania Beach, FL 33004 ☐ Change ☒ Add

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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

Date

Daytime Phone #

1-18-00

954-640 7000