

4/27

FILED

May 22, 2000 8:00 am  
Secretary of State

04-27-2000 90610 016 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000099919

Entity Name

ANDRX PHARMACEUTICALS (NJ), INC.

Principal Place of Business

Mailing Address

S.W. 47TH AVE.  
LAUDERDALE FL 333144001 S.W. 47TH AVE.  
FT. LAUDERDALE FL 33314-4030

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0961031

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

LODIN, SCOTT  
4001 S.W. 47TH AVE.  
FT. LAUDERDALE FL 33314

B. 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	CHEN, CHIH-MING	4001 S.W. 47TH AVE. FT. LAUDERDALE FL 33314	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	COHEN, ALAN	4001 S.W. 47TH AVE. FT. LAUDERDALE FL 33314	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HAHN, ELLIOT	4001 S.W. 47TH AVE. FT. LAUDERDALE FL 33314	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MALAHAS, ANGELO	4001 S.W. 47TH AVE. FT. LAUDERDALE FL 33314	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	LODIN, SCOTT	4001 S.W. 47TH AVE. FT. LAUDERDALE FL 33314	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Lodin

4/24/00 (954) 584-0300

Date Daytime Phone #

CR2E034 (9/99)