

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # P99000099919**

Entity Name  
**ANDRX PHARMACEUTICALS (NJ), INC.**

Principal Place of Business <b>S.W. 47TH AVE. LAUDERDALE FL 33314</b>	Mailing Address <b>4001 S.W. 47TH AVE. FT. LAUDERDALE FL 33314-4030</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0961031</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State		City & State				Not Applicable
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>LODIN, SCOTT 4001 S.W. 47TH AVE. FT. LAUDERDALE FL 33314</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	

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 \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CHEN, CHIH-MING</b>			NAME			
STREET ADDRESS	<b>4001 S.W. 47TH AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>COHEN, ALAN</b>			NAME			
STREET ADDRESS	<b>4001 S.W. 47TH AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HAMN, ELLIOT</b>			NAME			
STREET ADDRESS	<b>4001 S.W. 47TH AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MALAHAS, ANGELO</b>			NAME			
STREET ADDRESS	<b>4001 S.W. 47TH AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>LODIN, SCOTT</b>			NAME			
STREET ADDRESS	<b>4001 S.W. 47TH AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Scott Lodin Date: 4/24/00 (954) 584-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)