

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000099919

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

Principal Place of Business
 4001 S.W. 47TH AVE.
 FT. LAUDERDALE FL 33314

Mailing Address
 4001 S.W. 47TH AVE.
 FT. LAUDERDALE FL 33314

2. Principal Place of Business
 4955 ORANGE DRIVE

3. Mailing Address
 4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 ATTN: A. LICHTER

DO NOT WRITE IN THIS SPACE

City & State
 DAVIE FL

City & State
 DAVIE FL

4. FEI Number
65-0961031

Applied For
 Not Applicable

Zip Country
 33314

Zip Country
 33314

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

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

Name
 LODIN SCOTT
 Street Address (P.O. Box Number is Not Acceptable)
 4955 ORANGE DRIVE
 City DAVIE FL Zip Code 33314

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 **SCOTT LODIN**

04/06/2001

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, 2001 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 D Delete
 NAME LODIN SCOTT
 STREET ADDRESS 4001 S.W. 47TH AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE VSD Change Addition
 NAME LODIN SCOTT
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE D Delete
 NAME MALAHIAS ANGELO
 STREET ADDRESS 4001 S.W. 47TH AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE VTD Change Addition
 NAME MALAHIAS ANGELO C
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE D Delete
 NAME HAHN ELLIOT
 STREET ADDRESS 4001 S.W. 47TH AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE D Change Addition
 NAME HAHN ELLIOT F
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE D Delete
 NAME COHEN ALAN
 STREET ADDRESS 4001 S.W. 47TH AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE D Change Addition
 NAME COHEN ALAN P
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE D Delete
 NAME CHEN CHIH-MING
 STREET ADDRESS 4001 S.W. 47TH AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE D Change Addition
 NAME CHEN CHIH-MING
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VSD **04/06/2001**
 Date

Daytime Phone #

CR2E034 (11/00)