

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90266 002 ***158.75

DOCUMENT # V13903

1. Corporation Name
UNIPHARM (AMERICA), INC.

Principal Place of Business

4770 BISCAYNE BLVD #590
MIAMI FL 33137
US

Mailing Address

4770 BISCAYNE BLVD #590
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1992

4. FEI Number

65-0323161

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes No

2. Principal Place of Business

21 3550 BISCAYNE BLVD.

Suite, Apt. #, etc.

22 SUITE 607

City & State

23 MIAMI FLORIDA

Zip

24 33137

Country

25 USA

2a. Mailing Address

26 3550 BISCAYNE BLVD.

Suite, Apt. #, etc.

27 SUITE 607

City & State

28 MIAMI FLORIDA

Zip

29 33137

Country

30 USA

9. Name and Address of Current Registered Agent

ERICHSEN, PETER
4770 BISCAYNE BLVD #590
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

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

3550 BISCAYNE BLVD.

83 SUITE 607

84 City MIAMI

FL

85 Zip Code

33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPST
NAME ERICHSEN, PETER
STREET ADDRESS 4770 BISCAYNE BLVD #590
CITY-ST-ZIP MIAMI FL 33137

☐ DELETE

TITLE P
NAME ERICHSEN, MOGENS
STREET ADDRESS 4206 LAGUNA ST
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE V
NAME ERICHSEN, PER MICHAEL
STREET ADDRESS 4206 LAGUNA ST
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PETER ERICHSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-99

Date

(305) 576-0888

Daytime Phone #

CR2E034 (11/98)