

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21611

i. Entity Name

PULMONARY & DRUGS ASSOCIATES, INC

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90113 011 ***150.00

Principal Place of Business SW 24TH ST FL 33165	Mailing Address 10790 SW 24TH ST MIAMI FL 33165-2499 US
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834290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 65-0320853 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent DURAN, ALFREDO G. MUSEUM TOWER, SUITE 2200 150 WEST FLAGLER STREET MIAMI FL 33130		7. Name and Address of New Registered Agent Name: Alfredo G. Duran Street Address (P.O. Box Number is Not Acceptable): Suite 1400, Terremark Center 2601 So. Bayshore Drive City: Miami FL Zip Code: 33133	
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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	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD HEVIA, JACQUELINE 10790 CORAL WAY MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hevia, Jacqueline 2410 S.W. 6th St. Miami, Florida 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST NESPHEREIRA, CLARA 12645 SW 43RD ST MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NESPHEREIRA, JORGE G 10790 CORAL WAY MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Nespereira, Jorge G. 4391 S.W. 1st Street Miami, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Jacqueline Hevia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JACQUELINE HEVIA, VPD Date: 4/11/00 (305) 225-8181 Daytime Phone #
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CR2E034 (9/99)