

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

034622  
AV

DOCUMENT # P01000056370

1. Entity Name

ANDA PHARMACEUTICALS, INC.



FILED

03 APR 23 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4955 ORANGE DRIVE

DAVIE FL 33314

US

Mailing Address

4955 ORANGE DRIVE

ATTN: ALLISON LICHTER

DAVIE FL 33314

US

2. Principal Place of Business

2915 Weston Road

3. Mailing Address

4955 Orange Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Pamela Richardson

City & State

Weston, FL

City & State

Davie, FL 33314

4. FEI Number

82-0541812

APPLIED FOR

Applied For

Not Applicable

Zip  
33314

Country  
United States

Zip  
33314

Country  
United States

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

4955 ORANGE DRIVE

DAVIE FL 33314

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code  
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LODIN, SCOTT  
4955 ORANGE DRIVE  
DAVIE FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director, EVP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
MALAHIAS, ANGELO C  
4955 ORANGE DRIVE  
DAVIE FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP, Treasurer ☒ Change ☐ Addition  
000018573580  
05/08/03--01073--011 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO, President ☐ Change ☒ Addition  
Richard Lane  
4955 Orange Drive  
Davie, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP ☐ Change ☒ Addition  
Daniel Movens  
2915 Weston Road  
Weston, FL 33331

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary ☐ Change ☒ Addition  
Robert Goldfarb  
4955 Orange Drive  
Davie, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Signature Required*

Scott Lodin

04/16/03

954-584-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)