

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90088 047 ***158.75

DOCUMENT # F43130

1. Entity Name
IDEL PHARMACY, INC.

Principal Place of Business Mailing Address
3314 W. COLUMBUS DR. **3314 W. COLUMBUS DR.**
TAMPA FL 33607 **TAMPA FL 33607-1820**

A0009704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2131126** Applied For
 Not Applicable

Zip Country Zip Country 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

SUAREZ, IDEL
2707 NORTH ST. VINCENT STREET
TAMPA FL 33607

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 VS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SUAREZ, MILLY | | NAME | |
| STREET ADDRESS 3201 N. GLEN AVE. | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33607 | | CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SUAREZ JR., IDEL | | NAME | |
| STREET ADDRESS 6015 SHELDON RD | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPLA FL 33615 | | CITY-ST-ZIP | |
| TITLE V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SUAREZ, ILLAN | | NAME | |
| STREET ADDRESS 3201 N. GLEN AVE | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33607 | | CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SUAREZ, IRMA | | NAME | |
| STREET ADDRESS 2707 NORTH ST. VINCENT STREET | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL | | CITY-ST-ZIP | |
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME IDEL, SUAREZ | | NAME | |
| STREET ADDRESS 2707 ST VINCENT ST | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33607 | | CITY-ST-ZIP | |
| TITLE VT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ESTEVEZ, EDELSA | | NAME | |
| STREET ADDRESS 1205 E. 18TH AVE | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33605 | | 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: Milly Suarez VS. 01-15-00 813-877-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1 01-15-00