

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92897

1. Entity Name

VISA PHARMACY AND DISCOUNT STORE, INC.

FILED

02 OCT 28 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0148281 SP



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1700 West 68 Street Hialeah, FL 33014		782 NW LeJeune Road # 548 Miami, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
59-2231205		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARQUEZ, Jose M. 782 NW LeJeune Road, Suite # 548 Miami, FL 33126		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOSE M. MARQUEZ, ESQ. DATE 10/24/2002  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUERRA, Armando J. 9475 Journey's End Road Coral Gables, FL 33156 <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	DVP GUERRA, Alberto 241 Cape Florida Drive Key Biscayne, FL <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	VP GUERRA, Orlando 580 East 60 Street Hialeah, FL <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	S CUERVO, Leo 13092 NW 11 Court Sunrise, FL 33323 <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	D DIAZ, Jose F. 9301 S.W. 103 Street Miami, FL <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

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10/29/02--01040--012 \*\*150.00

CR2E034 (4/02)

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 [Signature] Armando J. Guerra DATE 10/24/2002 DAYTIME PHONE # (305) 447-1160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*y 11/14/02*

**VISA PHARMACY AND DISCOUNT STORE, INC.**

1700 WEST 68<sup>TH</sup> STREET  
HIALEAH, FLORIDA 33014

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TELEPHONE (305) 556-3008  
FAX (305) 556-3011

October 24, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Reports  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**CERTIFIED MAIL R.R.R.**

RE: VISA PHARMACY AND DISCOUNT STORE, INC.  
F.E.I. 59-2231205

Dear Sirs:

We are hereby enclosing a duly executed 2002 Uniform Business Report for the above referenced corporation together with a check in the amount of \$150.00.

Please note that the 2002 Uniform Business Report, Notice of Administrative Dissolution, or Certificate of Administrative Dissolution, issued by the Division of Corporations were never received at our offices, or by our Registered Agent. Upon further investigation, we discovered that the mailing address for our corporation appearing on the Florida Department of State Division of Corporations web site did not include the suite number necessary for proper delivery, notwithstanding that such information had been previously forwarded by our company to the Division of Corporations in the 2001 Uniform Business Report, copies of which are hereby attached for reference.

We trust that our corporation will not be penalized by this oversight.

Yours very truly,

VISA PHARMACY AND DISCOUNT  
STORE, INC., a Florida corporation

By 

ARMANDO J. GUERRA  
Director and President

AJG/ajg  
Enclosures