

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90810 028 ***150.00

DOCUMENT # H98934

1. Entity Name
Sylvestre Pharmacy Corp.

DO NOT WRITE IN THIS SPACE

80126623

2. Principal Place of Business
1268 Palm Ave

3. Mailing Address
17530 N.W.

Suite, Apt. #, etc.
Hialeah

Suite, Apt. #, etc.

City & State
Hialeah Florida

City & State
Miami Florida

4. FEI Number 59-2696617 Applied For Not Applicable

Zip 33010

Country Code

Zip 33015

Country Code

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Lilia Rodriguez

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

17530 NW 85 Ave.

City Miami

FL

Zip Code

33015

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

Lilia Rodriguez
Signature, typed or printed name of registered agent and fee if applicable

Lilia Rodriguez
(NOTE: Registered Agent signature required when reinstating)

6/3/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President Armando Aulet 17530 N.W. 85 Ave. Miami FL 33015</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President Lilia Rodriguez 17530 N.W. 85 Ave. Miami FL 33015</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director Ivonne Rodriguez 17530 N.W. 85 Ave. Miami FL 33015</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ivonne Rodriguez

6/3/02

(305) 7254821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
P# H98934

June 3, 2002

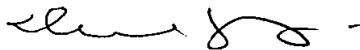
Uniform Business Report
Division of Corporations
409 E. Gaines St.
Tallahassee, Fl. 32399

To Whom it may Concern:

The reason for this letter is to inform the Dept. Of Corporations that Sylvestre Pharmacy Corp. FEI # 592696617, did not receive a uniform business report for the year 2002. As per my conversation this afternoon with Melissa, She advised me to download the proper information , and submit the forms with this letter to make the necessary changes to keep the Corp. in proper standings with the state of Florida.

If there are any question regarding this matter , Please feel free to reach me at 305-885-8888.

Sincerely Yours



Ivonne Rodriguez
Director of Management