

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90018 011 \*\*\*\*61.25

**DOCUMENT # N08290**

1. Entity Name

**DADE COUNTY PHARMACY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

586 SABAL PALM RD  
 MIAMI FL 33137  
 US

586 SABAL PALM RD  
 MIAMI FL 33137-3374  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2535608**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMENTHAL, CARMEN A**  
**586 SABAL PALM RD**  
**MIAMI FL 33137**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLUMENTHAL, CARMEN A.</b>	
STREET ADDRESS	<b>586 SABAL PALM RD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUMBERTO, MARTINEZ</b>	
STREET ADDRESS	<b>14217 SW. 45 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEDEZ, TONY</b>	
STREET ADDRESS	<b>174 W. 82 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARCUS, JOY</b>	
STREET ADDRESS	<b>13105 IXORA COURT</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARBER, RUDY</b>	
STREET ADDRESS	<b>9411 S.W. 61ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sharon Marmor</b>	
STREET ADDRESS	<b>1001 NE 4th Ct.</b>	
CITY-ST-ZIP	<b>Hallandale, FL 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Carmen A. Blumenthal* **C. A. Blumenthal** 1/16/00 305-215-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)