

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90446 035 ***150.00

DOCUMENT # P97000002803

1. Entity Name

DISNEY PHARMACY DISCOUNT INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4849 E. 8 AVE.

Suite, Apt. #, etc.

3. Mailing Address

4849 E. 8 AVE.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

4. FEI Number

65-0601597

Applied For

Not Applicable

Zip
33013

Country

USA

Zip
33013

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PADRON, SARA

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

1271 W. 72 ST.

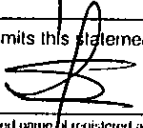
City HIALEAH

FL

Zip Code
33014

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



SARA PADRON

4/29/02

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

(NOTE: The printed Agent signature required when consulting)

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

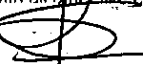
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**DO NOT WRITE
IN THIS SPACE**

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 the like empowered.

SIGNATURE:



SARA PADRON

4/19/02

(305) 698-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)