

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90195 001 *3,150.00

DOCUMENT # L01000017693

1. Entity Name

NAVARRO DISCOUNT PHARMACIES NO. 14, LLC

Principal Place of Business

**5959 N.W. 37TH AVENUE
MIAMI FL 33142**

Mailing Address

**5959 N.W. 37TH AVENUE
MIAMI FL 33142**

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

65-1143461

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAVARRO, MARCEL L
5959 N.W. 37TH AVENUE
MIAMI FL 33142**

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
NDP HOLDINGS, INC.
5959 N.W. 37TH AVENUE
MIAMI FL 33142**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marcel Navarro **REQUIRED** 1/8/02 (305) 633-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)



Attachment
17408
#201000017693

Administrative offices and distribution center • 5959 N.W. 37 Ave., Miami, FL 33142 • Tel. (305) 633-3000 • Fax (305) 633-7555 - 0777

February 26, 2002

Division of Corporations
P.O. Box 15000
Tallahassee, FL 32302-1500

RE: Navarro Discount Pharmacies #14, LLC
Navarro Discount Pharmacies #15, LLC
Navarro Discount Pharmacies #16, LLC
Navarro Discount Pharmacies #17, INC
Navarro Discount Pharmacies, Inc.

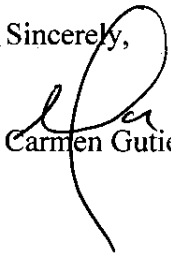
Enclosed please find the above referenced applications. We have completed Block 4 with the FEIN we missed in the original application.

Please note that we may have overpaid the fee o the LLC, and ask to please research the Payment and if applicable please return the fees.

Should you have any questions or need additional information please feel free to contact me at (305)633-3000 ext 114.

Thank you.

Sincerely,


Carmen Gutierrez

STORES:

- | | | |
|---|--|---|
| 1 5300 W. Flagler St. (305) 442-9946 | 7 10720 S.W. 72nd St. (305) 271-9909 | 14 18500 Collins Ave., Sunny Isles . . (305) 792-4099 |
| 2 3949 S.W. 8th St. (305) 444-7530 | 8 3141 West 76th St. (305) 231-8200 | 15 631 71 St., Miami Beach (305) 865-0075 |
| 3 1243 S.W. 8th St. (305) 854-8544 | 9 12000 S.W. 8th St. (305) 225-8900 | 16 9720 North Kendall Drive (305) 271-2164 |
| 4 8760 S.W. 40th St. (305) 552-1498 | 10 15000 S.W. 72 St. (305) 387-1300 | 17 93 Miracle Mile, Coral Gables . . (305) 445-1059 |
| 5 4410 West 16th Av. (305) 556-8585 | 11 14665 S.W. 104 St. (305) 752-0600 | |
| 6 10044 W. Flagler St. (305) 223-3555 | 12 10141 Pines Blvd. (954) 443-0200 | |