

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000071741

Entity Name: JABER'S PHARMACY, INC**Current Principal Place of Business:**2210 ORANGE AVE
FORT PIERCE, FL 34950**Current Mailing Address:**152 PORGEE ROCK PL
JUPITER, FL 33458 US**FEI Number:** 82-2618534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JABER, TALIB
2210 ORANGE AVE
FORT PIERCE, FL 34950 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	JABER, TALIB
Address	2210 ORANGE AVE
City-State-Zip:	FORT PIERCE FL 34950

Title	VICE-PRESIDENT, DIRECTOR
Name	ALAMEDDINE, SARAH
Address	2210 ORANGE AVE
City-State-Zip:	FORT PIERCE FL 34950

Title	TREASURER
Name	HALUM, KHULOUD
Address	2210 ORANGE AVE
City-State-Zip:	FORT PIERCE FL 34950

Title	DIRECTOR
Name	MOHAMMED, ARZAD
Address	2210 ORANGE AVE
City-State-Zip:	FORT PIERCE FL 34950

Title	SECRETARY
Name	CHOUDHRY, NAJUM
Address	2210 ORANGE AVE
City-State-Zip:	FORT PIERCE FL 34950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TALIB JABER**OWNER****02/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date