

# 2002 UNIFORM BUSINESS REPORT (UBR) AMENDMENT

DOCUMENT # 214603

1. Entity Name

MIAMI INTERNATIONAL AIRPORT PHARMACY, INC.

Principal Place of Business

P. O. Box 996070

MIAMI INTERNATIONAL AIRPORT

Miami, FL 33299-6070

Mailing Address

P.O. Box 996070

MIAMI INTERNATIONAL AIRPORT

Miami, FL 33299-6070

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

59-0859684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN STADNIK

485 Deer Run

Miami Springs, FL 33166

Name

Salomon TERNER

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

6701 NW 7th Street # 125

City

Miami

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

SALOMON TERNER

(NOTE: Registered Agent signature required when reinstating)

10/08/2002

DATE

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

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**FILE NOW!!! FEE IS \$550.00**  
After September 13, 2002, Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME TERNER, Salomon  
STREET ADDRESS 120 Cape Florida Dr.  
CITY-ST-ZIP Key Biscayne, FL 33149

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TERNER, Rosa  
STREET ADDRESS 6701 NW 7th Street # 125  
CITY-ST-ZIP Miami, FL 33126

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Rosa Terner, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/02 (305) 447-1160

Date

Daytime Phone #

FILED  
02 OCT 14 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE