2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 21, 2000 8:00 am
Secretary of State
03-29-2000 90061 014 ***150.00

DOCUMENT # 215987

1. Entity Name

MAJORCA DRUG STORE INC

Principal Place of Business	Mailing Address
1823 PONCE DE LEON CORAL GABLES FL 33134	1823 PONCE DE LEON CORAL GABLES FL 33134-4418

DO NOT WRITE IN THIS SPACE

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 59-0936341 ☐ 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
PARDO,ROBESPIERRE 1823 PONCE DE LEON BLVD. CORAL GABLES FL	Name GEORGINA T. PARDO Street Address (P.O Box Number is Not Acceptable) 1823 PONCE DE LEON BLVD City CORAL GABLES FL Zip Code 33134

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 ✓ Georgina T. Pardo PRESIDENT ✓ 6/13/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARDO,ROBESPIERRE 1823 PONCE DE LEON BLVD CORAL GABLES FL	☐ Delete	P.D. GEORGINA T. PARDO 1823 PONCE DE LEON BLVD CORAL GABLES, FL. 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PARDO,GEORGINA MARIA 1823 PONCE DE LEON BLVD CORAL GABLES FL	☐ Delete	S.D. ROBESPIERRE- PARDO 1823 PONCE DE LEON BLVD CORAL GABLES FL. 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: ✓ Georgina T. Pardo ✓ 4/17/00 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date