

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0192945 AV

**DOCUMENT # 259830**  
1. Entity Name  
**B & S DRUGS INC**

03-07-2002 90029 013 \*\*\*150.00

Principal Place of Business <b>638 NW 27TH AVENUE MIAMI FL 33125</b>	Mailing Address <b>638 NW 27TH AVENUE MIAMI FL 33125</b>
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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 <b>59-0968518</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARQUEZ, JOSE M.**  
**782 NE LEJEUNE ROAD**  
**SUITE 548**  
**MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

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 *Jose Marquez* \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HERNANDEZ, VIRGILIO</b> <b>9805 S.W. 64TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CEPERO, JUAN E.</b> <b>2671 SW 99 CT.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARQUEZ, JOSE M.</b> <b>782 NW LEJEUNE ROAD SUITE 548</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: *Jose Marquez* \_\_\_\_\_ DATE: **1/21/02** (305) 447-1160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F034 19/01

Attachment  
Document #'s P99000082141①  
367920②

LAW OFFICES OF  
**JOSE M. MARQUEZ, P.A.** 259830③  
782 NW LEJEUNE ROAD  
SUITE # 548  
MIAMI, FLORIDA 33126  
Telephone (305) 447-1160  
FAX (305) 447-1194  
e-mail: Jmar551313@aol.com

331588

February 21, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Reports (UBR)  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

RE: (Three (3) 2002 Uniform Business Reports (UBR)) See Above

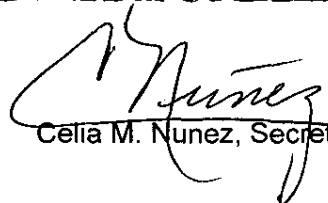
Dear Sir or Madam:

Enclosed please find Three (3) 2002 Uniform Business Reports together with the corresponding checks covering the filing fees, in reference with the following Companies:

ALPEN STAR ENTERPRISES, INC.  
V.H. ENTERPRISES, INC.  
B & S DRUGS, INC.

If you would require any additional information, please do not hesitate to contact the undersigned at your earliest convenience.

Sincerely,

  
Celia M. Nunez, Secretary

cn  
Enclosures