## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 292122** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** LUIS PHARMACY, INC. 03-08-2000 90051 007 \*\*\*150.00 Mailing Address Principal Place of Business 3601 S.W. 8 ST 3601 S.W. 8 ST MIAMI FLA 33135-4111 MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. ---Applied For City & State 4. FEI Number City & State 59-1092146 Not Applicable Zip Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAIAC, MANUEL Street Address (P.O. Box Number is Not Acceptable) 150 S.E. 2ND AVE **SUITE #609** MIAMI FL 33131 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE MARTINEZ, LUIS NAME NAME STREET ADDRESS STREET ADDRESS 3601 S.W. 8 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** ☐ Addition Change Detete TITLE TITLE MARTINEZ, JUAN NAME NAME STREET ADDRESS 3601 SW 8 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 true egropowered 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 the empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR Date Date Dayling Plant Dayling Plan