

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90262 037 ***150.00

0039460 AV

DOCUMENT # 292122

1. Entity Name
LUIS PHARMACY, INC.

Principal Place of Business 3601 S.W. 8 ST MIAMI FL 33135	Mailing Address 3601 S.W. 8 ST MIAMI FL 33135
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1092146** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZAIAC, MANUEL
 150 S.E. 2ND AVE
 SUITE #609
 MIAMI FL 33131**

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 _____ (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 ~~\$550.00~~
 After September 12, 2001 Fee will be \$750.00
 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	P MARTINEZ, LUIS 3601 S.W. 8 ST MIAMI FLA 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, JUAN 3601 SW 8 ST. MIAMI FL 33135	<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
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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
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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 like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date _____ Daytime Phone # **(305) 445-5393**

CR2E034 (5/01)

Attachment # 292122

CO0113764

July 11, 2001

Mrs. Katherine Harris
Secretary of State - Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs:

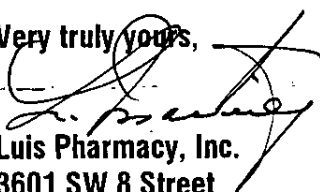
RE: Annual Report

Last week my accountant was asking me for the 2001 Annual Report. He said we should have filed it before May 1, 200. I answered to him that we did not receive any Report that we had to file with the State of Florida. He said we should receive it every year and file it with a \$ 150.00 check.

Now we receive the report in question and it said that we had to pay \$ 550.00. We are signing it and enclosing the \$ 150.00 fee as our accountant advised us to do and sent this letter explaining what had happened. Also, He advised us to request from the Division of Corporations to wave the penalty. Sorry for it but we never receive this report. You may verify our records and will see that we always file and on time. We do not know what happened with the mailing.

We will appreciate your assistance to correct this matter.

Very truly yours,


Luis Pharmacy, Inc.
3601 SW 8 Street
Miami, FL 33135

Cc: File