

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 292122

1. Entity Name  
LUIS PHARMACY, INC.

FILED

02 JUL 24 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

3601 S.W. 8 ST  
MIAMI FL 33135

Mailing Address

3601 S.W. 8 ST  
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

8550 N. FLORIDA ST #110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33144

USA

4. FEI Number 59-1092146

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

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

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

SIGNATURE

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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P  
STREET ADDRESS MARTINEZ, LUIS  
CITY-ST-ZIP 3601 S.W. 8 ST  
MIAMI FLA 33135 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300006851203--4  
CITY-ST-ZIP -08/01/02--01037--013  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE NAME S  
STREET ADDRESS MARTINEZ, JUAN  
CITY-ST-ZIP 3601 SW 8 ST.  
MIAMI FL 33135 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

(305) 445-5393

CR2E034 (4/02)

Attachment 292122 Page 2 of 2

July 16, 2002

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

Dear Sirs:

RE: Annual Report

We received the 2002 Uniform-Business Report and we noticed that we should file now and pay \$550.00. We called our accountant and he told us that it is the same situation than last year. He said we should have filed it before May 1, 2002. I told him that we did not receive this report. He said we should receive it every year and file it with a \$ 150.00 check. He advised us to change the mailing address to his office.

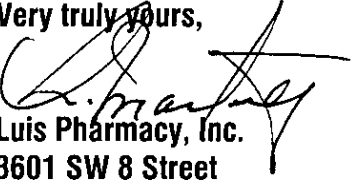
Please, change the mailing address to read:

Luis Pharmacy, Inc.  
C/c I. B. Ortega, CPA  
8550 W. Flagler Street. Suite 110  
Miami, FL 33144-2037-38

The accountant advised us to signing the report and enclosing a \$ 150.00 check fee and send an explanatory letter telling what had happened. Also, He advised us to request from the Division of Corporations to wave the penalty. Sorry for this inconvenience but we never receive this report. You may verify our records and will see that we file and on time. We do not know what happened with the mailing the last two years.

We will appreciate your assistance to correct this matter.

Very truly yours,

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

Cc: File