2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

HOLLYWOOD FL 33023-5271

7 BARRY RD.

DOCUMENT # 421396

Country

1. Entity Name

7 BARRY RD.

Principal Place of Business

HOLLYWOOD FL 33023-5271

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

MIAMI GARDENS PHARMACY, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90697 006 ***150.00

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☐ CHECK HERE IF MAKIN	IG CHANGES								
4. FEI Number 59-1453282	Applied For								
35-1433202	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						
BENJAMIN, HAROLD L 6208 PEMBROKE ROAD			Name		,				1
			- Street Address (P.O. Box Number is Not Acceptable)						1
MIRAMAR									1
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			City			FL Zip	Code	9	
	e named entity submits this statement for the purp tions of registered agent.	oose of changing its reg	istered office or re	egistered age	ent, or both, in the State of Florida.	I am familiar	with,	and accept	1
ine obliga	nons of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent and title if app								}
\ ₁ ,	Signature, typed or printed name of registered agent and trille if app	plicable. (NOTE: Heg	gistered Agent signature	required when rei	nstating)	DATE			4
* F	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financin	ng !	\$5.0	0 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State				Trust Fund Contribution.			to Fees	
10.	OFFICERS AND DIRECTO	DRS T	11.	ΔΟΙ	DITIONS/CHANGES TO OFFICER	S AND DIREC	TOP	2 INI 11	-
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NAME	ALEXANDER, MARC	_ 55,4.4	NAME						CR2E034 (10/02)
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NAME	ALEXANDER, BARBARA 7 BARRY RD		NAME OTTOGET APPRESS						
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Country

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDEN

1/9/03

954-983-377

Daytime Phone #