

DOCUMENT # 473431

1. Entity Name

HOWARD'S BEACH DRUGS, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90179 031 \*\*\*150.00

Principal Place of Business

2903 COLLINS AVE  
 MIAMI BEACH FL 33140

Mailing Address

2903 COLLINS AVE  
 MIAMI BEACH FL 33140-1670  
 P.O. BOX 403670  
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1588255

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

Eileen  
 MALTZ, HOWARD  
 1280 101 STREET  
 BAY HARBOR FL 33154

Name

EILEEN MALTZ, PRES.

Street Address (P.O. Box Number is Not Acceptable)

2903 COLLINS AVE

City

MIAMI BEACH

FL

Zip Code

33140

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 *Eileen Maltz, Pres.*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-00

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME MALTZ, EILEEN  
 STREET ADDRESS 1280 101 STREET  
 CITY-ST-ZIP BAY HARBOR FL 33154 ☒ Delete

TITLE  
 NAME MALTZ, EILEEN, PRES. ☒ Change ☐ Addition  
 STREET ADDRESS 2903 COLLINS AVE  
 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VST  
 NAME MALTZ, MITCHELL  
 STREET ADDRESS 1280 101 STREET  
 CITY-ST-ZIP BAY HARBOR FL 33154 ☒ Delete

TITLE  
 NAME MITCHELL MALTZ, V.P. ☐ Change ☐ Addition  
 STREET ADDRESS 2903 COLLINS AVE  
 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-15-00 305-5319991