

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90066 006 ***150.00

DOCUMENT # 473431

1. Entity Name
HOWARD'S BEACH DRUGS, INC.

Principal Place of Business Mailing Address
~~2903 COLLINS AVE~~ ~~2903 COLLINS AVE~~
~~MIAMI BEACH FL 33140~~ ~~MIAMI BEACH FL 33140~~



2. Principal Place of Business 3. Mailing Address
4700 SHERIDAN STREET **4700 SHERIDAN STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.
BLDG N **BLDG N**

City & State City & State
HOLLYWOOD FLORIDA **HOLLYWOOD FLORIDA**

Zip Country Zip Country
33021 **USA** **33021** **USA**

4. FEI Number Applied For
59-1588255 Not Applicable

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

6. Name and Address of Current Registered Agent
MALTZ, HOWARD
~~2905 COLLINS AVE~~
~~MIAMI BEACH FL 33140~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4700 SHERIDAN ST
BLDG N
 City State Zip Code
HOLLYWOOD **FL** **33021**

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: Howard Maltz DATE: 3/6/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	P <input type="checkbox"/> Delete
NAME	MALTZ, EILEEN
STREET ADDRESS	2905 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	VST <input checked="" type="checkbox"/> Delete
NAME	MALTZ, MITCHELL
STREET ADDRESS	2905 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4700 SHERIDAN ST - BLDG N
CITY-ST-ZIP	HOLLYWOOD FLORIDA 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 all other like empowered.

SIGNATURE: Howard Maltz DATE: 3/6/02 DAYTIME PHONE #: 305 992 6773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)