

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

~~2903 COLLINS AVE~~
MIAMI BEACH FL 33140

Mailing Address

~~2903 COLLINS AVE~~
MIAMI BEACH FL 33140



2. Principal Place of Business

4700 SHERIDAN STREET

3. Mailing Address

4700 SHERIDAN STREET

Suite, Apt. #, etc.

BLDG N

Suite, Apt. #, etc.

BLDG N

City & State

HOLLYWOOD FLORIDA

City & State

HOLLYWOOD FLORIDA

4. FEI Number

59-1588255

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

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

HOLLYWOOD

FL

Zip Code

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

3/6/02

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 \$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** ☐ Delete
NAME **MALTZ, EILEEN**
STREET ADDRESS **2905 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VST** ☒ Delete
NAME **MALTZ, MITCHELL**
STREET ADDRESS **2905 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4700 SHERIDAN ST - BLDG N**
CITY-ST-ZIP **HOLLYWOOD FLORIDA 33021**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

305 992 6773

Daytime Phone #

CR2E034 (9/01)