

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-15-2002 90184 012 ***150.00

DOCUMENT # 485970
1. Entity Name
FARMACIA LA FE CORPORATION

DO NOT WRITE IN THIS SPACE



39763

2. Principal Place of Business <u>1922 S W 57 Ave.</u>		3. Mailing Address <u>same</u>		4. FEI Number <u>59--1955728</u>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required			
City & State <u>MIAMI FL.</u>		City & State <u>FL.</u>					
Zip <u>33155</u>	Country <u>DADE</u>	Zip	Country				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dr. ZENOBIO A. ESPINOSA GUERRA

Street Address (P.O. Box Number is Not Acceptable)
1922 S W 57 Ave.

City MIAMI State FL Zip Code 33155

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 [Signature] Dr. Zenobio A. Espinosa 6.28.02
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 - Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PTS ESPINOSA, ZENOBIO A. 1922 S W 57 Ave. MIAMI FL 33155</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VST ESPINOSA, ELISA 2111 S W 59 Ave. MIAMI FL 33155</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other info empowered.

SIGNATURE: [Signature] Dr. Zenobio A. Espinosa-Pdte 6.28.02
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-2641997

CR2E034B (12/01)