

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90104 009 ***150.00

DOCUMENT # 522606

1. Entity Name

SEDANO'S PHARMACY AND DISCOUNT STORES, INC.



Principal Place of Business

**9686 SW CORAL WAY
MIAMI FL 33165**

Mailing Address

**9686 SW CORAL WAY
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1728771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
782 NW LEJEUNE ROAD
SUITE 543
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GUERRA, ARMANDO J.**
STREET ADDRESS **9475 JOURNEY'S END ROAD**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **DS** ☐ Delete
NAME **HERRAN, MANUEL A.**
STREET ADDRESS **8460 SW 5TH STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **DVP** ☐ Delete
NAME **GUERRA, ALBERTO**
STREET ADDRESS **241 CAPE FLORIDA DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **VP** ☐ Delete
NAME **SALGUEIRO, HEBERTO**
STREET ADDRESS **1524 SW S66 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** ☐ Delete
NAME **DIAZ, JOSE F**
STREET ADDRESS **9301 SW 103RD ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** ☐ Delete
NAME **GUERRA, MARIA C**
STREET ADDRESS **9475 JOURNEY'S END ROAD**
CITY-ST-ZIP **CORAL GABLES FL 33156**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 **SEDANO'S PHARMACY AND DISCOUNT STORES, INC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/2003

Date

(305) 226-2507

Daytime Phone #

CR2E034 (10/02)