

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592171

1. Entity Name

RAMS PHARMACY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90170 006 ***158.75

Principal Place of Business

Mailing Address

6502 W. 4TH AVE.
HIALEAH FL 33012-6670

3400 CORAL WAY
600
MIAMI FL 33145-3053

2. Principal Place of Business

3400 CORAL WAY

3. Mailing Address

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

59-1869127

Applied For

Not Applicable

Zip

33145

Country

Zip

Country

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

MORENO, MAXIMINO S
8873 NW 189 TERR
MIAMI FL 33018

Name

AMPARO R. DIAZ

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

3400 CORAL WAY #600

City

MIAMI

FL

Zip Code

33145-3053

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

AMPARO R. DIAZ

(NOTE: Registered Agent signature required when reinstating)

4-17-2000

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** ☐ Delete
NAME **MORENO, MAXIMINO S**
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3400 CORAL WAY, #600**
CITY-ST-ZIP **MIAMI, Florida 33145**

TITLE **SD** ☐ Delete
NAME **MORENO, MARIA D**
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3400 CORAL WAY, #600**
CITY-ST-ZIP **MIAMI, Florida 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)