

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91321 029 ***150.00

DOCUMENT # 643255

1. Entity Name
U.S. DRUG DISCOUNT CORP.

Principal Place of Business

**144 HIALEAH DRIVE
HIALEAH FL 33010-5250**

Mailing Address

**144 HIALEAH DRIVE
HIALEAH FL 33010-5250**

2. Principal Place of Business

13205 NE 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

13205 NE 12 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NO. MIAMI

City & State

NO. MIAMI

4. FEI Number

59-1945551

Applied For

Not Applicable

Zip

33161

Country

DADE

Zip

33161

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEL RIO, ROLAND
13205 NE 12TH AVE
N MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **ROLANDO DEL RIO**

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.

SIGNATURE

ROLANDO DEL RIO

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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	PD	<input type="checkbox"/> Delete
NAME	DEL RIO, ROLANDO	
STREET ADDRESS	13205 NE 12TH AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEL RIO, ROLANDO	
STREET ADDRESS	13205 NE 12TH AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 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
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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)(l), 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:

ROLANDO DEL RIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305 899 1928

Daytime Phone #

CR2E034 (9/01)