

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745622

1. Entity Name

INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.

Principal Place of Business

14217 SW 45TH ST  
MIAMI FL 33175  
US

Mailing Address

14217 SW 45TH ST  
MIAMI FL 33175-4316  
US

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

65-0127292

Applied For

Not Applicable

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

GALLO, RAUL  
12830 S.W. 116TH ST.  
MIAMI FL 33186

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.

SIGNATURE

Raul Gallo VD

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME GALLO, RAUL  
STREET ADDRESS 16630 SW 80 AVE  
CITY-ST-ZIP MIAMI FL 33157

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MD  
NAME VALIENTE, JOSE  
STREET ADDRESS 2000 S.W. 139TH CT.  
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD  
NAME GONZALEZ-ABREU, MAYRA  
STREET ADDRESS 13921 SW 30TH ST  
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME DE LA HUERTA, ANA  
STREET ADDRESS 5935 SW 108TH PL  
CITY-ST-ZIP MIAMI FL 33173

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MD  
NAME MARTINEZ, HUMBERTO  
STREET ADDRESS 14217 S.W. 45TH ST.  
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME DIAZ, ARTURO  
STREET ADDRESS 5501 SW 89TH AVE  
CITY-ST-ZIP MIAMI FL 33165

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

305-887-6189



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)