

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90979 039 \*\*\*\*61.25

**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  
 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 - Vice-President*

*4/20/01*

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** ☐ Delete  
 NAME **GALLO, RAUL**  
 STREET ADDRESS **16630 SW 80 AVE**  
 CITY-ST-ZIP **MIAMI FL 33157**

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

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

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

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

TITLE **PD** ☐ Change ☒ Addition  
 NAME **Carl Hayes**  
 STREET ADDRESS **16630 S.W. 80 AVE**  
 CITY-ST-ZIP **Miami, FL 33157**

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

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

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

TITLE **CD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 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:

*Humberto S. Martinez - Chairman 4/20/01 305-553-3511*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)