

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 745622

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.

Current Principal Place of Business:

14217 SW 45TH ST
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

14217 SW 45TH ST
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 65-0127292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GALLO, RAUL,
Address: 16630 SW 80 AVE
City-St-Zip: MIAMI, FL 33157

Title: MD () Delete
Name: VALIENTE, JOSE,
Address: 2000 S.W. 139TH CT.
City-St-Zip: MAIMI, FL 33175

Title: PD () Delete
Name: HAYES, CARL
Address: 16630 SW 80TH AVE
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: DE LA HUERTA, ANA,
Address: 5935 SW 108TH PL
City-St-Zip: MIAMI, FL 33173

Title: CD () Delete
Name: MARTINEZ, HUMBERTO,
Address: 14217 S.W. 45TH ST.
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: DIAZ, ARTURO,
Address: 5501 SW 89TH AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: GALLO, RAUL,
Address: 12830 S.W. 80 AVE.
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMBERTO MARTINEZ

CD

04/23/2002

Electronic Signature of Signing Officer or Director

Date