

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F92897**

1. Entity Name

**VISA PHARMACY AND DISCOUNT STORE INC.**

Principal Place of Business

**1700 W 68TH ST  
HIALEAH FL 33014**

Mailing Address

**1700 W 68TH ST  
HIALEAH FL 33014**

2. Principal Place of Business

3. Mailing Address

**782 NW LeJeune Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**548**

City &amp; State

City &amp; State

**Miami****Florida**

Zip

Country

Zip

Country

**33126****USA**

4. FEI Number

**59-2231205**

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

**MARQUEZ, JOSE M.  
782 NW LEJEUNE  
SUITE 548  
MIAMI FL 33126**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GUERRA, ARMANDO J	9475 JOURNEY'S END ROAD	CORAL GABLES FL						
	VD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GUERRA, ALBERTO	241 CAPE FLORIDA DR	KEY BISCAYNE FL						
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GUERRA, ORLANDO	580 E 60 ST	HIALEAH FL						
	S			<input checked="" type="checkbox"/> Delete		S			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LOPEZ, EDDY	922 NW 106 AVE CIRCLE	MIAMI FL			CUERVO, Leo	13092 NW 11 Court	Sunrise, FL 33323	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DIAZ, JOSE F	9301 S.W. 103 STREET	MIAMI FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

President

3/08/2001

(305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0096860