2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90170 004 ***158.75

DOCUMENT # G71306

1. Entity Name

KASALTA PHARMACY, INC.

Principal Place of Business	Mailing Address
~~1550 W. 84TH ST.~~ ~~HIALEAH FL 33014~~	3400 CORAL WAY 600 MIAMI FL 33145-3053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3400 CORAL WAY	
Suite, Apt. #, etc. 600	Suite, Apt. #, etc.
City & State Miami, Fla	City & State
Zip 33145-	Country USA
Zip	Country

4. FEI Number 59-2348441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MORENO, MAXIMINO~~
~~1550 W. 84TH ST~~
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name AMPARO DIAZ

Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY #600

City Miami **FL** Zip Code 33145-3053

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 Ampro R. Diaz AMPARO R. DIAZ 4/11/2000
Signature, typed or printed name of 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, 2000 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	S MORENO, MARIA D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3400 Coral Way, #600 Miami, Florida 33145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORENO. MAXIMINO S	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3400 Coral Way #600 Miami Fl. 33145	☒ Change ☐ Addition
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CR2E034 (9/99)

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: ~~S~~ MARIA Moreno, Pres. 4/11 (305) 446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #