

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90258 018 ***150.00

DOCUMENT # G98549

1. Entity Name
LAGE PHARMACY, INC.

Principal Place of Business

**3485 WEST FLAGLER STREET
 SUITE 500
 MIAMI FL 33135**

Mailing Address

**3485 WEST FLAGLER STREET
 SUITE 500
 MIAMI FL 33135**

00105111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3485 West Flagler St.

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI FL

Zip

33135

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2422575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

OCANA, SANDRA

**3485 WEST FLAGLER STREET
 SUITE 500
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

MUSTAFA, MARIA

Street Address (P.O. Box Number is Not Acceptable)

3485 WEST FLAGLER ST.

SUITE 200

City

MIAMI

FL

Zip Code

33135

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

Maria E Mustafa **MARIA E MUSTAFA**

4/26/2002

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, 2002 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

TITLE **PSD** ☐ Delete
 NAME **MUSTAFA, MARIA E**
 STREET ADDRESS **3485 W. FLAGLER ST., SUITE 500**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VTD** ☒ Delete
 NAME **OCANA, SANDRA**
 STREET ADDRESS **3485 W. FLAGLER ST., SUITE 500**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Maria E Mustafa **MARIA E MUSTAFA**

4/26/2002

305-649-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)