

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90073 009 ***150.00

DOCUMENT # G98549

1. Entity Name
LAGE PHARMACY, INC.



Principal Place of Business
**3485 WEST FLAGLER STREET
SUITE 200
MIAMI FL 33135**

Mailing Address
**3485 WEST FLAGLER STREET
SUITE 200
MIAMI FL 33135**



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 **59-2422575**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MUSTAFA, MARIA
3485 W. FLAGLER ST.
SUITE 500
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **MARIA E. MUSTAFA**
Street Address (P.O. Box Number is Not Acceptable)
**3485 W. FLAGLER ST.
SUITE 200**
City **MIAMI** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mona E. Mustafa*
Signature typed or printed name of registered agent and title if applicable.

MARIA E. MUSTAFA

3-28-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MUSTAFA, MARIA 3485 W. FLAGLER ST., SUITE 500 MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTAFA, MARIA 3485 W. FLAGLER ST., SUITE 500 MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MUSTAFA, MARIA 3485 W. FLAGLER ST SUITE 200 MIAMI, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTAFA, MARIA 3485 W. FLAGLER ST SUITE 200 MIAMI, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

Mona E. Mustafa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-03

Date

(305)649-3333

Daytime Phone #

CR2E034 (10/02)