

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23082

1. Entity Name

COBO PHARMACY, INC.

Principal Place of Business

937 FLEMING ST.
KEY WEST FL 33040

Mailing Address

937 FLEMING ST.
KEY WEST FL 33040-6905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBO, LUIS E.
937 FLEMING ST.
KEY WEST FL 33040

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-0

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 ☐ Delete

NAME PD
STREET ADDRESS COBO, LUIS E.
CITY-ST-ZIP 1501 FLORIDA ST.
KEY WEST FL

TITLE ☐ Delete

NAME SD
STREET ADDRESS COBO, ANA A.
CITY-ST-ZIP 1501 FLORIDA ST.
KEY WEST FL

TITLE ☐ Delete

NAME VD
STREET ADDRESS COBO, LIONEL M.
CITY-ST-ZIP 1101 JOHNSON ST.
KEY WEST FL

TITLE ☐ Delete

NAME TD
STREET ADDRESS COBO, NELIDA
CITY-ST-ZIP 1101 JOHNSON ST.
KEY WEST FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS 400003170404--8
CITY-ST-ZIP -03/15/00--01011--010

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS *****150.00 ☐ Change *****150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-0

Date

3052942552

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

00 MAR -2 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)