

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21641

1. Entity Name

JET DISCOUNT DRUGS, INC.

Principal Place of Business

Mailing Address

1224 NW 29th STREET
MIAMI, FL 33142

7098 BONITA DR.
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7105 SW 8 STREET

Suite, Apt. #, etc.

103

City & State

City & State

MIAMI FL 33141

Zip

Country

Zip

Country

4. FEI Number

65-0059970

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

RABEL MARIA T
1224 NW 29 STREET
MIAMI, FLORIDA 33142

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 is applicable

(NOTE: Registered Agent signature required when reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	NAME	MARIA T RABEL	<input type="checkbox"/> Delete
STREET ADDRESS		STREET ADDRESS	1224 NW 29 STREET	
CITY- ST- ZIP		CITY- ST- ZIP	MIAMI FLORIDA 33142	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
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TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		

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****300.00 ****300.00

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 T Rabel

MARIA T Rabel (President)

Date

Day/Mo/Yr

20-1

2012

JET DISCOUNT DRUGS, INC.
DOC.# K21641


TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .


CORDIALLY
MARIA T. RABEL
PRESIDENT