

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K25781**

1. Entity Name

**HYPERDRUGS ENTERPRISES, INC.**

Principal Place of Business

**6410 NW 186 ST  
MIAMI LAKES FL 33015**

Mailing Address

**782 NW LEJEUNE RD  
SUITE 548  
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0054908**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MARQUEZ, JOSE M. ESQ  
782 NW LEJEUNE ROAD  
SUITE 548  
MIAMI FL 33126****7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

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, 2001 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 **PD** ☐ Delete  
NAME **GUERRA, ARMANDO J.**  
STREET ADDRESS **9475 JOURNEY'S END RD**  
CITY-ST-ZIP **CORAL GABLES FL**TITLE **VD** ☐ Delete  
NAME **DIAZ, JOSE F.**  
STREET ADDRESS **9301 SW 103 ST**  
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☐ Delete  
NAME **GUERRA, ALBERTO**  
STREET ADDRESS **241 CAPE FLORIDA DRIVE**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **S** ☐ Change ☒ Addition  
NAME **CUERVO, Leoncio**  
STREET ADDRESS **13092 NW 11 Court**  
CITY-ST-ZIP **Sunrise, FL 33323**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

**3/8/01 (305) 447-1160**  
Date Daytime Phone #**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90320 014 \*\*\*150.00

**C0040137**

DO NOT WRITE IN THIS SPACE

0617569

CR2E034 (10/00)