

2000 UNIFORM BUSINESS REPORT (UBR)



0187959

DOCUMENT # L34195

1. Entity Name

SEDANO'S PHARMACY MANAGEMENT, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 PM 2:49

Principal Place of Business

3960 West 12th Avenue
Hialeah, FL 33012

Mailing Address

782 NW LeJeune Road
Suite # 548
Miami, FL 33012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0161285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 not applicable.

JOSE M. MARQUEZ, ESQ.

(NOTE: Registered Agent signature required when reinstating)

10/23/2000

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, 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

TITLE DP ☐ Delete
NAME GUERRA, Armando J.
STREET ADDRESS 9475 Journey's End Road
CITY-ST-ZIP Coral Gables, FL 33156

TITLE DVP ☐ Delete
NAME DIAZ, Jose F.
STREET ADDRESS 9301 SW 103 Street
CITY-ST-ZIP Miami, Florida

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 DS ☐ 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-ZIP

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

TITLE ☐ Change ☐ Addition
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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: x

Armando J. Guerra

10/23/2000

(305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



SEDANO'S
PHARMACY & DISCOUNT
MIAMI — HIALEAH



October 24, 2000

CERTIFIED MAIL R.R.R.

Florida Department of State
Division of Corporations
Uniform Business Reports
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: SEDANO'S PHARMACY MANAGEMENT, INC. 2000 UBR
E.I.N. No. 65-0161285

Dear Sirs:

Following the instructions of the staff member from the Division of Corporation, we are hereby enclosing a duly executed 2000 Uniform Business Report for the above referenced corporation together with a check in the amount of \$150.00.

Please note that the original form issued by the Division of Corporations was never received by our office, our registered agent, our attorneys, nor our CPAs.

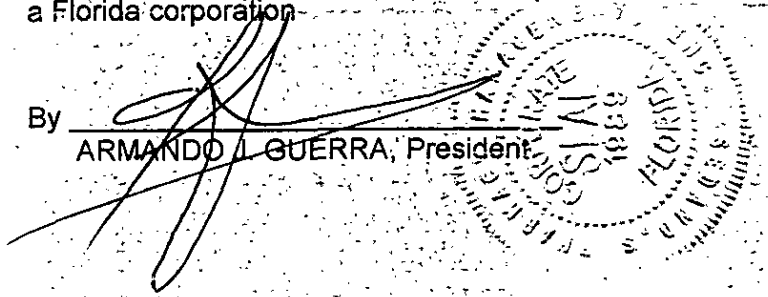
We trust that our company will not be penalized by this oversight.

Yours very truly,

SEDANO'S PHARMACY MANAGEMENT, INC.,
a Florida corporation

By

ARMANDO L. GUERRA, President



AJG/cn

Enclosures