

# 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



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0161285  
 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 *Jose Marquez* **JOSE M. MARQUEZ, ESQ.** **10/23/2000**  
Signature, typed or printed name of registered agent and trust 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, 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 <input type="checkbox"/> Delete
NAME	GUERRA, Armando J.
STREET ADDRESS	9475 Journey's End Road
CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	DVP <input type="checkbox"/> Delete
NAME	DIAZ, Jose F.
STREET ADDRESS	9301 SW 103 Street
CITY-ST-ZIP	Miami, Florida
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUERVO, Leoncio
STREET ADDRESS	13092 NW 11 Court
CITY-ST-ZIP	Sunrise, FL 33323
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300003465058--2  
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 \*\*\*\*150.00 \*\*\*\*150.00

*11/13*

**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: *Armando J. Guerra* **Armando J. Guerra** **10/23/2000** **(305) 447-1160**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

**President**

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.

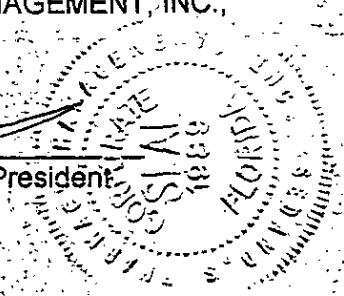
We trust that our company will not be penalized by this oversight.

Yours very truly,

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

By

  
ARMANDO L. GUERRA, President



AJG/cn

Enclosures