

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90016 026 \*\*\*150.00

**DOCUMENT # L69712**

1. Entity Name  
**MILLER PHARMACY AND DISCOUNT STORE, INC.**

Principal Place of Business  
**14780 SW 56TH STREET**  
**MIAMI FL 33185**

Mailing Address  
**14780 SW 56TH STREET**  
**MIAMI FL 33185**

00000073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**782 NW Lejeune Rd.**  
**548**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Miami, FL**

4. FEI Number **65-0195345**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33126**

Country  
**USA**

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

**MARQUEZ, JOSE M.**  
**782 NW LEJEUNE ROAD**  
**SUITE 548**  
**MIAMI FL 33126**

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, 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 ☐ Delete  
 NAME **DP GUERRA, ARMANDO J.**  
 STREET ADDRESS **9475 JOURNEY'S END ROAD**  
 CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE ☐ Delete  
 NAME **DV DIAZ, JOSE F.**  
 STREET ADDRESS **9301 SW 103 ST**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☒ Delete  
 NAME **S LOPEZ, EDDY**  
 STREET ADDRESS **922 NW 106 AVE CIRCLE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **S Cuervo, Leoncio**  
 STREET ADDRESS **13092 NW 11 Court**  
 CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☐ Delete  
 NAME **D GUERRA, ALBERTO**  
 STREET ADDRESS **241 CAPE FLORIDA DRIVE**  
 CITY-ST-ZIP **KEY BISCAYNE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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

**ARMANDO J. GUERRA**

Date

**1/15/02**

Daytime Phone #

**305-447-1160**

CR2E034 (9/01)