

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10151

1. Entity Name

S.P.D. PHARMACY AND DISCOUNT STORE, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90028 044 ***150.00

Principal Place of Business

13655 S.W. 26TH STREET
MIAMI FL 33175

Mailing Address

13655 S.W. 26TH STREET
MIAMI FL 33175-6378

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2484589

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DVP ☐ Change ☒ Addition
NAME DIAZ, Jose F.
STREET ADDRESS 9301 SW 103 Street
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LOPEZ, EDDY
STREET ADDRESS 922 N.W. 106 AVENUE CIRCLE
CITY-ST-ZIP MIAMI FL

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

TITLE V ☐ Delete
NAME GUERRA, JORGE
STREET ADDRESS 8440 S.W. 58 STREET
CITY-ST-ZIP MIAMI FL

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

TITLE V ☐ Delete
NAME SALGUERIO, ANSELMO
STREET ADDRESS 6351 S.W. 20 STREET
CITY-ST-ZIP MIAMI FL 33155

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

ANSELMO SALGUEIRO

Date

Daytime Phone #

1/12/00 (305) 221-1653

CR2E034 (9/99)