

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2002 90016 022 ***150.00

DOCUMENT # M10151

1. Entity Name

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

Principal Place of Business

**13655 S.W. 26TH STREET
 MIAMI FL 33175**

Mailing Address

**13655 S.W. 26TH STREET
 MIAMI FL 33175**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

782 NW LeJeune Road

Suite, Apt. #, etc.

548

City & State

Miami FL

Zip

33126

Country

USA

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

**MARQUEZ, JOSE M.
 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, 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

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

TITLE **D** ☐ Delete
 NAME **GUERRA, ALBERTO**
 STREET ADDRESS **241 CAPE FLORIDA DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **S (PASSED AWAY)** ☒ Delete
 NAME **LOPEZ, EDDY**
 STREET ADDRESS **922 N.W. 106 AVENUE CIRCLE**
 CITY-ST-ZIP **MIAMI FL**

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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-ZIP

TITLE ☐ Change ☐ Addition
 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

02/26/2002

Date

(305) 447-1160

Daytime Phone #

CR2E034 (9/01)