

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

0673899 FP

**DOCUMENT # M10151**



1. Entity Name  
**S.P.D. PHARMACY AND DISCOUNT STORE, INC.**

04-04-2003 90104 010 \*\*\*150.00

Principal Place of Business  
**13655 S.W. 26TH STREET  
MIAMI FL 33175**

Mailing Address  
**782 NW LEJEUNE ROAD  
548  
MIAMI FL 33126**

10037601



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

City & State

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**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, ARMANDO J.	
STREET ADDRESS	9475 JOURNEY'S END ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRA, ALBERTO	
STREET ADDRESS	241 CAPE FLORIDA DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CUERVO, LEONCIO	
STREET ADDRESS	13092 NW 11 COURT	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUERRA, JORGE	
STREET ADDRESS	8440 S.W. 58 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALGUERIO, ANSELMO	
STREET ADDRESS	6351 S.W. 20 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIAZ, JOSE F	
STREET ADDRESS	9301 SW 103 ST	
CITY-ST-ZIP	MIAMI FL	

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

TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUERRA, ARMANDO J.		
STREET ADDRESS	9475 Journey's End Road		
CITY-ST-ZIP	Coral Gables, FL 33156		
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUERRA, ALBERTO		
STREET ADDRESS	241 Cape Florida Drive		
CITY-ST-ZIP	Key Biscayne, FL 33149		
TITLE	P	<input checked="" 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			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2003 (305) 447-1160  
Date Daytime Phone #

CR2E034 (10/02)