

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90009 016 \*\*\*150.00

**DOCUMENT #** M29548 ✓  
1. Entity Name  
TORRES PHARMACY DISCOUNT INC.

**DO NOT WRITE IN THIS SPACE**

80093358

2. Principal Place of Business  
553-B E 9TH ST.  
Suite, Apt. #, etc.

3. Mailing Address  
553-B E 9TH ST.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HIALEAH FL.

City & State  
HIALEAH FL.

Zip  
33010

Country  
U.S.A.

Zip  
33010

Country  
U.S.A.

4. FEI Number  
59-2687610

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
OB DULIA TORRES

Street Address (P.O. Box Number is Not Acceptable)  
6040 S.W. 30TH ST.

City  
MIAMI

FL

Zip Code  
33155

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 \_\_\_\_\_ (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.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, OBDULIA 6040 S.W. 30TH ST. MIAMI, FL. 33155.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Obdulia Torres OBDULIA TORRES  
Date: 3-26-02 305-882-1404  
Daytime Phone #

CR2E034B (12/01)