

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M46397

1. Entity Name

METRO PHARMACY AND DISCOUNT STORE, INC. *R*

07-28-2000 90151 016 ***150.00

FILED

00 JUL 28 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 11865A 26 Street Miami, FL 33175	Mailing Address 782 NW LeJeune Road Suite 548 Miami, FL 33175
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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 Applied For
59-2755331 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 ESQ
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 *Jose M. Marquez* Jose M. Marquez 07/14/2000
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)

FIRE NOW!!! FEES \$150.00
After MAY 11, 2000 Fee will be \$350.00
Make Checks 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUERRA, Armando J. 9475 Journey's End Drive Coral Gables, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIAZ, Jose F. 9301 SW 103 Street Miami, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, Alberto 241 Cape Florida Drive Key Biscayne, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUERVO, Leoncio 13092 NW 11 Court Sunrise, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, Enoel 2351 SW 127 Avenue Miami, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, Eddy 922 NW 106 Avenue Circle Miami, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Armando J. Guerra* Armando J. Guerra, President 07/14/2000 (305) 227-0023
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/4



SEDANO'S
PHARMACY & DISCOUNT
MIAMI — HIALEAH

Attachment
D# M46397
0075664

July 18, 2000

CERTIFIED MAIL R.R.R.

Florida Department of State
Division of Corporations
Uniform Business Reports
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: METRO PHARMACY AND DISCOUNT STORE, INC. 2000 UBR
E.I.N. No. 59-2755331

Dear Sirs:

Following the instructions of the staff member from the Division of Corporation, we are hereby enclosing a duly executed 2000 Uniform Business Report for the above referenced corporation together with a check in the amount of \$150.00.

Please note that the original form issued by the Division of Corporations was never received by our office, our registered agent, our attorneys, nor our CPAs.

We trust that our company will not be penalized by this oversight.

Yours very truly,

METRO PHARMACY AND DISCOUNT
STORE, INC., a Florida corporation

By


Armando J. Guerra, President

AJG/cn
Enclosures