

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M47094**

1. Entity Name

**SHENANDOAH PHARMACY CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 14 PM 2:35

Principal Place of Business

Mailing Address

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145-3511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2793233**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.**  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

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

*[Handwritten Signature]*

**AMADA CANTERA LOPEZ, PRES.**

**3/7/00**

Signature, typed or printed name of registered agent and fee, 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  
NAME: **ALVAREZ, JUAN ULISES**  
STREET ADDRESS: **9613 S.W. 117TH COURT**  
CITY-ST-ZIP: **MIAMI FL 33186**  
 Delete

TITLE: PD  
NAME: **MALAGON, LOURDES**  
STREET ADDRESS: **9214 SW 147 CT**  
CITY-ST-ZIP: **MIAMI, FL 33196**  
 Change  Addition

TITLE: SD  
NAME: **ALVAREZ, PAULA**  
STREET ADDRESS: **9613 S.W. 117TH COURT**  
CITY-ST-ZIP: **MIAMI FL 33186**  
 Delete

TITLE: SD  
NAME: **ALVAREZ, EDUARDO**  
STREET ADDRESS: **1276 NW 3 STREET**  
CITY-ST-ZIP: **MIAMI, FL 33195**  
 Change  Addition

TITLE:  Delete

TITLE:  Change  Addition  
NAME: **700003174407--4**  
STREET ADDRESS: **-03/17/00--01073--004**  
CITY-ST-ZIP: **\*\*\*150.00 \*\*\*150.00**

TITLE:  Delete

TITLE:  Change  Addition  
NAME: *[Handwritten Signature]*  
STREET ADDRESS: *[Handwritten Signature]*  
CITY-ST-ZIP: *[Handwritten Signature]*

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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:

*Loures Malagon*

**3/7/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LOURDES MALAGON, PRES.**

Date

Daytime Phone #

CR2E034 (9/99)