

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M47094

1. Entity Name

**SHENANDOAH PHARMACY CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

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

Zip

Country

Zip

Country

4. FEI Number

59-2793233

Applied For

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

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

Signature, typed or printed name of registered agent and fee, if applicable.

AMADA CANTERA LOPEZ, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/00

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 ☐ Delete  
NAME ALVAREZ, JUAN ULISES  
STREET ADDRESS 9613 S.W. 117TH COURT  
CITY-ST-ZIP MIAMI FL 33186

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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  
LOURDES MALAGON, PRES.

Date

Daytime Phone #

3/7/00

CR2E034 (9/99)