

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90075-031-\$500.00-\$500.00

DOCUMENT # M48271

1. Entity Name

LATIN QUARTER PHARMACY AND DISCOUNT STORE INC.

Principal Place of Business

Mailing Address

1601 W FLAGLER ST  
MIAMI FL 33135

1601 W FLAGLER ST  
MIAMI FL 33135-2119

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

59-2780532

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

MARQUEZ, JOSE M.  
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

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) ☐

**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

TITLE PD ☐ Delete  
NAME GUERRA, ARMANDO J.  
STREET ADDRESS 9475 JOURNEY'S END ROAD  
CITY-ST-ZIP CORAL GABLES FL

TITLE VD ☐ Delete  
NAME DIAZ, JOSE F.  
STREET ADDRESS 9301 SW 103 ST  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME LOPEZ, EDDY  
STREET ADDRESS 922 N.W. 106TH AVE CIR  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME GUERRA, ALBERTO  
STREET ADDRESS 241 CAPE FLORIDA DRIVE  
CITY-ST-ZIP KEY BISCAYNE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 600003423406--6  
-10/12/00--01081--014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*\*50.00 ☐ \*\*\*\*\*50.00

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

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

TITLE ☐ Change ☐ Addition  
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:

ARMANDO J. GUERRA  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-00 3056439762

CR2E034 (9/99)