

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M48271

1. Entity Name

LATIN QUARTER PHARMACY AND DISCOUNT STORE INC.

Principal Place of Business

1601 W FLAGLER ST  
MIAMI FL 33135

Mailing Address

1601 W FLAGLER ST  
MIAMI FL 33135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

782 NW LeJeune Road

Suite, Apt. #, etc.

548

City & State

Miami

FL

Zip

33126

Country

USA

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

MARQUEZ, JOSE M  
782 NW LEJEUNE ROAD  
SUITE 548  
MIAMI FL 33126

7. Name and Address of New Registered Agent

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, 2001 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  
NAME GUERRA, ARMANDO J  
STREET ADDRESS 9475 JOURNEY'S END ROAD  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE S  
NAME CUERVO, Leo  
STREET ADDRESS 13092 NW 11 Court  
CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

ARMANDO J GUERRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

305-447-1160

Daytime Phone #

0164794

CR2E034 (10/00)

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90320 015 \*\*\*150.00

C0040136



DO NOT WRITE IN THIS SPACE