

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 036 ***150.00

DOCUMENT # M 48271

1. Entity Name

LATIN QUARTER PHARMACY AND DISCOUNT STORE, INC.



Principal Place of Business

Mailing Address.

1601 W. Flagler St.
Miami, FL 33135

782 NW LeJeune Road
Suite 548
Miami, FL 33126

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD GUERRA, ARMANDO J.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9475 Journey's End Road	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE NAME	S CUERVO, Leoncio	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13092 NW 11 Court	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE NAME	D GUERRA, ALBERTO	<input type="checkbox"/> Delete
STREET ADDRESS	241 Cape Florida Drive	
CITY-ST-ZIP	Key Biscayne, FL	
TITLE NAME	VPD DIAZ, JOSE F.	<input type="checkbox"/> Delete
STREET ADDRESS	9301 SW 103 Street	
CITY-ST-ZIP	Miami, FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	CHAIRMAN OF THE BOARD GUERRA, ARMANDO J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9475 Journey's End Road	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE NAME	P CUERVO, Leoncio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13092 NW 11 Court	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE NAME	S GUERRA, Alberto	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	241 Cape Florida Drive	
CITY-ST-ZIP	Key Biscayne, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Armando J. Guerra, Director

03/03/03

(305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #