

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M57998

1. Entity Name

PALM PHARMACY AND DISCOUNT STORE, INC.

Principal Place of Business

3915 PALM AVE.
HIALEAH FL 33012

Mailing Address

3915 PALM AVE.
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

782 NW LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

548

City & State

City & State

Miami

FL

Zip

Country

Zip

Country

33126

USA

DO NOT WRITE IN THIS SPACE

C0040135



4. FEI Number 59-2839095

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 LEJUENE RD
#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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME RODRIGUEZ, NOEL A.
STREET ADDRESS 13736 SW 21 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE S
NAME LOPEZ, EDDY
STREET ADDRESS 922 NW 106TH AVE. CIRCLE
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE D
NAME GUERRA, ALBERTO
STREET ADDRESS 241 CAPE FLORIDA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

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

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

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

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

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:

Noel A. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01 (305) 447-1160

0092334

CR2E034 (10/00)