

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000021460

FILED
May 01, 2003
Secretary of State

Entity Name: POLARIS PHARMACY CORPORATION

Current Principal Place of Business:

10845 SW 40 STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

10845 SW 40 STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0988521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGULO, ANA M
2151 SOUTH LEJEUNE ROAD #310
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, JORGE
Address: 10845 SW 40 STREET
City-St-Zip: MIAMI, FL 33175

Title: VSTD () Delete
Name: MARTINEZ, MARTA CELIA
Address: 10845 SW 40 STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA C. MARTINEZ

VSTD

05/01/2003

Electronic Signature of Signing Officer or Director

Date