

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90079 017 \*\*\*150.00

**DOCUMENT # P00000087589**

1. Entity Name  
**BETTER CARE DRUG STORE, INC.**

Principal Place of Business  
**17041 S.W. 109 PL.**  
**MIAMI FL 33157**

Mailing Address  
**17041 S.W. 109 PL.**  
**MIAMI FL 33157**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Better Care Drug Store Inc**

3. Mailing Address  
**Better Care Drug Store Inc**

Sub. Agent # **9711 NW 27th Ave**  
**Miami FL 33147**  
**Phone 305 696 6533**  
**Fax 305 696 6534**

Suite, Apt. #, etc.  
**9711 NW 27th Ave**  
**Miami FL 33147**  
**Phone 305 696 6533**  
**Fax 305 696 6534**

4. FEI Number  
**65-1004703**

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

**NZERIBE, RHCARD**  
**755 NW 128 ST**  
**MIAMI FL 33168**

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 **PRESIDENT** ☐ Delete  
 NAME **ACHINIKE L OFOLETA**  
 STREET ADDRESS **17041 SW 109 PL Miami, FL 33157**  
 CITY-ST-ZIP

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

TITLE **VICE PRESIDENT** ☐ Delete  
 NAME **OLIVER O. ANAM**  
 STREET ADDRESS **19060 NW 57th Ave #306 Miami FL 33055**  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OLIVER O. ANAM V.P.**

Date

Daytime Phone #

**4/3/01 (305) 696-6533**

CR2E034 (10/00)