

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **D0000052721**

1. Entity Name

CLARK CENTER PHARMACY, INC.

FILED
SECRETARY OF STATE
CORPORATIONS

02 OCT -3 PM 12:01

DO NOT WRITE IN THIS SPACE

0000008306950--0
-10/10/02--01053--003
****550.00 ****550.00

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2. Principal Place of Business

111 NW 1st Street

Suite, Apt. #, etc.

3. Mailing Address

111 NW 1st Street

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1008075

Applied For

Not Applicable

Zip

33128

Country

USA

Zip

33128

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JACK SALTER

Street Address (P.O. Box Number is Not Acceptable)

111 NW 1st Street

City

MIAMI

FL

Zip Code

33128

**DO NOT WRITE
IN THIS SPACE**

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

Jack Salpe

10/1/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

D JACK SALTER
346 NW 87th Avenue
Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 1 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack Salpe **10/1/02**

(305) 358-5757

CR2E034B (12/01)