

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90093 046 ***150.00

DOCUMENT # P00000068793**1. Entity Name**
MIAMI 2ND AVENUE CVS, INC.**Principal Place of Business****ONE CVS DR**
WOONSOCKET RI 02895**Mailing Address****ONE CVS DR**
WOONSOCKET RI 02895**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

One CVS Drive
Legal Dept
Woonsocket RI**02895****4. FEI Number****65-1043256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM**
1200 S PINE ISLAND RD
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

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 reinstalling)

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, 2002 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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RYAN, THOMAS M
ONE CVS DR
WOONSOCKET RI 02895 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZIGERELLI, LARRY J
ONE CVS DR
WOONSOCKET RI 02895 ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
LANKOWSKY, ZENON P
ONE CVS DR
WOONSOCKET RI 02895 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SOLBERG, LARRY D
ONE CVS DR
WOONSOCKET RI 02895 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
LUKER, MELANIE K
ONE CVS DR
WOONSOCKET RI 02895 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
See attached ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Christopher W. Bodine
One CVS Drive
Woonsocket, RI 02895 ☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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 emp...****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker
Assistant Secretary

Date

Daytime Phone #

4-25-02
401-765-1500

CR2E034 (9/01)