

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068858

1. Entity Name

~~RX MATRIX PHARMACY, INC.~~ ASTRA medical Supplies Inc

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90359 015 \*\*\*150.00

Principal Place of Business

Mailing Address

7044 N.W. 169 STREET  
HIALEAH FL 33015

7044 N.W. 169 STREET  
HIALEAH FL 33015

2. Principal Place of Business

3399 NW 72nd Ave

3. Mailing Address

3399 NW 72nd Ave

Suite, Apt. #, etc.

# 226

Suite, Apt. #, etc.

# 226

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-1041340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FERNANDO  
7044 N.W. 169 STREET  
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name Fernando L. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)  
7044 NW 169th St

City

Hialeah

FL

Zip Code

33015

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]* (Fernando L. Rodriguez)

4/22/01

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

TITLE PTD ☐ Delete  
NAME RODRIGUEZ, FERNANDO  
STREET ADDRESS 7044 N.W. 169 STREET  
CITY-ST-ZIP HIALEAH FL 33015

TITLE VSD ☒ Delete  
NAME RODRIGUEZ, RONNARD  
STREET ADDRESS 7044 N.W. 169 STREET  
CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VSD ☒ Change ☐ Addition  
NAME Orlando Ramirez  
STREET ADDRESS 10240 SW 4th St  
CITY-ST-ZIP Miami, FL 33174

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

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

TITLE ☐ Change ☐ Addition  
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:

*[Signature]* (Fernando L. Rodriguez)

4/22/01

305-512-0248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0489204

CR2E034 (10/00)