

2001 UNIFORM BUSINESS REPORT (UBR)

0572251

DOCUMENT # P00000088145

1. Entity Name
MIAMI FLAGLER CVS, INC.

FILED
SECRETARY OF STATE
01 APR 30 AM 9:10

Principal Place of Business
**ONE CVS DR.
WOONSOCKET RI 02895**

Mailing Address
**ONE CVS DR.
WOONSOCKET RI 02895**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1051829

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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.

(NOT: 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!
After MAY 1, 2001
Fee IS \$150.00
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 **D** ☒ Delete
NAME **RYAN, THOMAS M**
STREET ADDRESS **ONE CVS DR.**
CITY-ST-ZIP **WOONSOCKET RI 02895**

TITLE ☒ Addition
NAME **D/P Thomas M. Ryan**
STREET / **One CVS Dr Woonsocket RI 02895**
CITY-ST

TITLE **D** ☐ Delete
NAME **ZIGERELLI, LARRY J**
STREET ADDRESS **ONE CVS DR.**
CITY-ST-ZIP **WOONSOCKET RI 02895**

TITLE ☐ Change ☐ Addition
NAME **300004212649**
STREET ADDRESS **-05/11/01--01122--001**
CITY-ST-ZIP ****10050.00 ****150.00**

TITLE **D** ☒ Delete
NAME **LANKOWSKY, ZENON P**
STREET ADDRESS **ONE CVS DR.**
CITY-ST-ZIP **WOONSOCKET RI 02895**

TITLE ☒ Addition
NAME **D/VP/S Zenon P. Lankowsky**
STREET / **One CVS Dr Woonsocket RI 02895**
CITY-ST

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Addition
NAME **T Larry D. Solberg**
STREET AC **One CVS Dr Woonsocket RI 02895**
CITY-ST-

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Addition
NAME **AS Melanie K. Luker**
STREET AI **One CVS Dr Woonsocket RI 02895**
CITY-ST-

TITLE ☐ Delete
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 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 *Melanie K. Luker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

4-13-01
OR DIRECTOR

Melanie K. Luker, Assistant Secretary
(401) 770-3565

Date Daytime Phone #

CR2E034 (10/00)