2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91193 026 ***150.00

DOCUMENT # P00000098150

Entity Name
PHARMACY DEPOT CORP.

Principal Place of Business
11342 QUAIL ROOST DRIVE
MIAMI FL 33157

Mailing Address
11342 QUAIL ROOST DRIVE
MIAMI FL 33157

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc — City & State — Zip — Country

4. FEI Number 65-1048354 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MAGNUM, PAUL
12841 S.W. 47TH TERRACE
MIAMI FL 33157

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: _____
Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. The above named entity is qualified to satisfy its filing obligation electronically. ☐

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	☐ Delete
PSD MAGNUM, PAUL 12841 S.W. 47TH TERRACE MIAMI FL 33175	☐ Delete
VSD BATISTA, ISABEL 12841 S.W. 47TH TERRACE MIAMI FL 33175	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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 a 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 added, or attached with an address, with all other like empowered.

SIGNATURE: [illegible] 4/16/02 305-278-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)