FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90377 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000164741

1. Entity Name
Almendares Pharmacy, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1840 W 49 st
Suite, Apt. #, etc.: 106
City & State: Hialeah Fl
Zip: 33012 Country: US

3. Mailing Address: 1840 W 49 st
Suite, Apt. #, etc.: 106
City & State: Hialeah Fl
Zip: 33012 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3681837 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: Rodriguez Jaime J
Street Address (P.O. Box Number is Not Acceptable): 1840 W 49 st # 106
City: Hialeah **FL** Zip Code: 33012

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 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	
PRD Rodriguez Jaime J 1840 W 49 st # 106 Hialeah Fl 33012	
SVD Oliva, Damaris E 1840 W 49 st # 106 Hialeah Fl 33012	

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CR2E034B (12/01)

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 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 #