

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90411 043 \*\*\*158.75

DOCUMENT # **P00000110568**

1. Entry Name  
**United Pharmacy, Inc.**

Principal Place of Business  
**5000 NW 197 Street**  
**Miami, FL 33055**

Mailing Address  
**5000 NW 197 St**  
**Miami, FL 33055**

2. Principal Place of Business  
**5000 NW 197 Street**

3. Mailing Address  
**5000 NW 197 Street**

Suite, Apt. #, etc.  
**N/A.**

Suite, Apt. #, etc.

City & State  
**Miami, FL.**

City & State  
**Miami, FL.**

4. FBI Number  
**65-1112855**

☒ Applied For  
☐ Not Applicable

Zip  
**33055**

Country  
**USA**

Zip  
**33055**

Country  
**USA**

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

**GABRIEL NABIL**  
**5000 NW 197th Street**  
**Miami, FL 33055**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entry 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 withdrawing)

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

State 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>GABRIEL, NABIL</b><br><b>5000 NW 197 Street</b><br><b>Miami, FL 33055</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>ELTantawy, ADEL</b><br><b>2281 NW 82nd Ave</b><br><b>Pembroke Pines, FL 33024</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                      | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                    |                                                                                     |                                                                              |
|----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>Ramy Girgis</b><br><b>7347 Miami Lakes Drive</b><br><b>Miami Lakes, FL 33014</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4/26/01 (305) 778-4777**

CP20034 (1/1/00)

Attachment Doc#



P00000110568  
77452

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 21, 2001

UNITED PHARMACY, INC.  
5000 NW 197TH STREET  
MIAMI, FL 33055

Subject: UNITED PHARMACY, INC.

Reference Number: ~~P00000110568~~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314