

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90389 004 ***150.00

DOCUMENT # P01000017260

1. Entity Name

DROGAS LA FRAGUA, INC.

Principal Place of Business

**2588 SW 27TH AVENUE
 MIAMI FL 33133**

Mailing Address

**2588 SW 27TH AVENUE
 MIAMI FL 33133**

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

65-1077633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZAMBRANO, JOSE H
 2588 SW 27TH AVENUE
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

JOSE H. GALVIS

Street Address (P.O. Box Number is Not Acceptable)

1132 NW 143rd. Ave.

City

PEMBROKE PINES

FL

Zip Code

33028

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 of Jose H. Galvis)

(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, 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 **SD** ☐ Delete
 NAME **CARDENAS, NOEMI**
 STREET ADDRESS **6282 SW 44TG ST.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **PD** ☐ Delete
 NAME **ZAMBRANO, JOSE H**
 STREET ADDRESS **6282 SW 44TG ST.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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 **1132 NW 143rd. Ave.**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **PD** ☒ Change ☐ Addition
 NAME **GALVIS, JOSE H**
 STREET ADDRESS **1132 NW 143rd. Ave**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

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 of Jose H. Galvis)
JOSE H. GALVIS, PRES.

4/11/02

Date

Daytime Phone #

CR2E034 (9/01)