

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90082 047 \*\*\*150.00

**DOCUMENT # P01000022331**

1. Entity Name

**MADEL PHARMACY & MEDICAL SUPPLIES IMPORT-EXPORT, INC.**

Principal Place of Business

**7956-58 SW 8TH ST  
 MIAMI FL 33144**

Mailing Address

**7956-58 SW 8TH ST  
 MIAMI FL 33144**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1083350**

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

Name

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

City

**FL**

Zip Code

**MUNOZ, CAROL  
 7956-58 SW 8TH ST  
 MIAMI FL 33144**

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) ☐

**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 ☐ Delete

**PD  
 MUNOZ, CAROL  
 13501 NW 7 TERR  
 MIAMI FL 33182**

TITLE NAME ☐ Delete

**SD  
 MUNOZ, ROSA V  
 13501 NW 7 TERR  
 MIAMI FL 33182**

TITLE NAME ☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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 to an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/18/02 (305) 266 9779**

Date

Daytime Phone #

CR2E034 (9/01)