

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000022336 YR 2002

1. Entity Name

RxPRIME, INC.

02 DEC -9 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700009415117
12/09/02--01037--010 **150.00

2. Principal Place of Business

607 BELHAVEN FALLS DR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State
OCOE, FL

City & State

4. FEI Number

59-3702225

Applied For

Not Applicable

Zip
34761

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name BADR, ASHRAF

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

607 BELHAVEN FALLS DR

City OCOE

FL

Zip Code
34761

**DO NOT WRITE
IN THIS SPACE**

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)

12/5/02
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	BADR, ASHRAF	607 BELHAVEN FALLS DR	OCOE FL 34761				
SD	LEWIS-BADR, ROXANNE	607 BELHAVEN FALLS DR	OCOE FL 34761				

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ASHRAF BADR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/02
Date

407-877-2822
Daytime Phone #

CR2E034B (12/01)

607 Belhaven Falls Dr
Ocoee, FL 34761

November 13, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

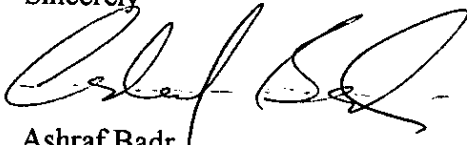
Dear Sir/Madam:

Re: **RxPrime, Inc.**
Document #: P 01000022336

This is to advise that we did not receive our 2002 Uniform Business Report in the mail. Unfortunately, as a result, filing of this report was overlooked. We therefore, now enclose the UBR for the year 2002 along with the filing fee of \$150.00

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely



Ashraf Badr
President