2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000025332 DOCUMENT # 1. Entity Name
PRESCRIPTIONS & TRAVEL INC.



Jan 2 Sec

01-21-2003 90149 022

1-15-63

Daytime Phone #

FILED								
21, 2003 8:00 am								
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	ce of Business CREEK DR. #607 EL 33144	Mailing Address 9801 INDIAN GREEK BR. #507 MIAMI REACH EL 33144		1 1 1 1 1 1 1 1 1 1				
25	Place of Business	3. Mailing Address	251 71# Street					
-Suite-Apt:	T#relc.	Suite, Apt. #, etc.			K-HEREJF-MAKING CHA	NGES		
City & Stat	BEACH, Florida	City & State Miami 13 cach	Florida	4. FEI Number 65-10	082388	├	plied For at Applicable	}
3314	6. Name and Address of Current	Zip 33/4/	Country	5. Certificate of Status I		75 Add Required		
	o. Name and Address of Current	negistered Agent	Name	1 1 / /	<i>A</i> .		<u> </u>	1
PARDO, R			Street Ac	dress (P.O. Box Number is Not Ac		—		1
6801 INDI	AN CREEK DR. #507,			251 71457.				1
MIAMI-BE	A GH FL 33141							
		•	City	Minni Bench	FL	Zip Code	'V/	
	named entity submits this statement for	the purpose of changing its	registered office or		ate of Florida. I am famili	ar with, a	and accept	1
the obligat	tions of registered agent.	9 1/2	0		1/15/03			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signatur	e required when reinstating)	DATE			
	ILE NOW!!! FEE IS \$150.00							1
. • ⊿∰⊸Aftei	r May_1;2003.Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Cam Trust Fund Co	paign Financing ontribution.		May Be to Fees	
10.	OFFICERS AND I		11.		TO OFFICERS AND DIRE	ECTORS		إ
title Name	D PARDO, RUY A	Delete	TITLE NAME	P. U. T. S. D Xiomora Barcia No 151 7184 St. Miami Beach, FL	11	Change	Addition	6
STREET ADDRESS	6801 INDIAN CREEK DR. #507		STREET ADDRESS	25) 3185 St.	=-/			2.7
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP	Minni BONCH, FC	33/4/			١
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CITY-ST-ZIP	\$		CITY-ST-ZIP	The same of				
I2. hereby c	certify that the information supplied with	this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida S	Statutes. I further certify th	at the in	formation	
of the cor	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report a	y signature shall ha as required by Chap	ve the same legal effect as if mad- ter 607, Florida Statutes; and that	e under oath; that I am an my name appears in Bloc	officer o ok 10 or i	or director Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR