

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90017 024 ***150.00

DOCUMENT # P01000048091

1. Entity Name
RAPIDSCRIPTS, INC.

Principal Place of Business

C/O JOSE A. RODRIGUEZ
150 ALHAMBRA CIRCLE, SUITE 1270
CORAL GABLES FL 33134

Mailing Address

C/O JOSE A. RODRIGUEZ
150 ALHAMBRA CIRCLE, SUITE 1270
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1131 NW 22nd Ave

Suite, Apt. #, etc.

City & State

City & State

Miami, Fla

4. FEI Number

65-1102766

Applied For

Not Applicable

Zip

Country

Zip

33125-2738

Country

DADE

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A ESQ.
150 ALHAMBRA CIRCLE
SUITE 1270
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **D** ☒ **Delete**
NAME **ALVAREZ, HECTOR**
STREET ADDRESS **150 ALHAMBRA CIRCLE SUITE 1270**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ **Delete**
NAME **SWEET, DANIEL**
STREET ADDRESS **150 ALHAMBRA CIRCLE SUITE 1270**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ **Delete**
NAME **BENAVIDES, MARISOL**
STREET ADDRESS **150 ALHAMBRA CIRCLE SUITE 1270**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ **Delete**
NAME **MARTINEZ, ROSLYN**
STREET ADDRESS **150 ALHAMBRA CIRCLE SUITE 1270**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ **Delete**
NAME **ROIG, RODOLFO**
STREET ADDRESS **150 ALHAMBRA CIRCLE SUITE 1270**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ **Delete**
NAME **Rodriguez, Nuria**
STREET ADDRESS **1131 NW 22nd**
CITY-ST-ZIP **Miami, FLA 33125**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, Secretary-TREASURY** ☐ **Change** ☒ **Addition**
NAME **Rodriguez, Nuria**
STREET ADDRESS **1131 NW 22nd Ave**
CITY-ST-ZIP **Miami, FL 33125**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

NURIA RODRIGUEZ, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 643-05-05

Daytime Phone #

CR2E034 (9/01)