

"AMENDED"

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000048091

1. Entity Name
RAPIDSCRIPTS, INC.



Principal Place of Business
1131 NW 22ND AVE
MIAMI, FL 33125-2738

Mailing Address
1131 NW 22ND AVE
MIAMI, FL 33125-2738

2. Principal Place of Business
11760 Bird Road

3. Mailing Address
11760 Bird Road

Suite, Apt. #, etc.
Suite 107

Suite, Apt. #, etc.
Suite 107

City & State
Miami, FL

City & State
Miami, FL

Zip
33175

Country
U.S.A.

Zip
33175

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1102766

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, NURIA
1131 NW 22ND AVENUE
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name
Joel Ferrer

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

8810 Fountain Bleu Blvd. #216

City
Miami

FL

Zip Code
33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

11/24/03

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
RODRIGUEZ, NURIA
1131 NW 22ND AVE.
MIAMI, FL 33125

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Joel Ferrer
8810 Fountain Bleu Blvd. #216
Miami, Florida 33172

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800025312518
12/08/03--01015--003 **61.25

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03

DATE

786-295-5311

CAYMAN PHONE #

CR2E034 (10/02)