

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90110 002 ***155.00

DOCUMENT # P01000097467

1. Entity Name
HOLLYWOOD PHARMACY, INC.

Principal Place of Business
7773 FAIRWAY BOULEVARD
MIRAMAR FL 33023

Mailing Address
5650 STIRLING ROAD
HOLLYWOOD FL 33317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5650 STIRLING ROAD

3. Mailing Address
7773 FAIRWAY BLVD

Suite, Apt. #, etc.
#4 & 5

Suite, Apt. #, etc.

City & State
HOLLYWOOD

City & State
MIRAMAR

4. FEI Number
65-1144958

Applied For
 Not Applicable

Zip Country
FL 33021

Zip Country
FL33023 BROWARD

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

OLOWOYEYE, JOHNSON
1242 N.E. 109TH STREET
MIAMI FL 33161

Name
~~EMILY O. OLOWOYEYE~~
 Street Address (P.O. Box Number is Not Acceptable)
7773 FAIRWAY BLVD
 City **MIRAMAR** FL Zip Code **33023**

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 *Emily Olowoyeye* **EMILY OLOWOYEYE 'P'** **4/21/02**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOWOYEYE, EMILY 7773 FAIRWAY BOULEVARD MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOWOYEYE, GBENGA 7773 FAIRWAY BOULEVARD MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOWOYEYE, JOHNSON 1242 N.E. 109TH STREET MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMILY OLOWOYEYE 'P' 7773 Fairway Blvd Miramamar FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLOWOYEYE, GBENGA 7773 Fairway Blvd Miramamar. FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Emily Olowoyeye* **EMILY OLOWOYEYE** **4/21/02** **(954)986-2176**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)