

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90054 021 \*\*\*150.00

**DOCUMENT # P01000102539**

1. Entity Name  
**PRESTIGE PHARMACY INC.**



Principal Place of Business  
**909 S.W. 122 AVENUE  
MIAMI FL 31184**

Mailing Address  
**909 S.W. 122 AVENUE  
MIAMI FL 31184**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1148534**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LOPEZ, LIZZETTE  
14411 S.W. 52 ST  
MIAMI FL 33175**

Name

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

**15816 SW 43 Terr**

City

**MIAMI**

**FL**

Zip Code

**33185**

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

(NOTE: Registered Agent signature required when reinstating)

**01-10-03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **LOPEZ, LIZZETTE**  
STREET ADDRESS **14411 S.W. 52ND ST.**  
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ Change ☐ Addition  
NAME **15816 SW 43 Terr**  
STREET ADDRESS **MIAMI FL 33185**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

*Lizzette Lopez* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-10-03**

Date

**305-310-0539**

Daytime Phone #

CR2E034 (10/02)