

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000058450**

1. Entity Name
TOP VALUE PHARMACY INC.



Principal Place of Business
**7003 N WATERWAY DR STE 213
MIAMI FL 33155**

Mailing Address
**7003 N WATERWAY DR STE 213
MIAMI FL 33155**

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SECRETARY OF STATE



2. Principal Place of Business 1809 NE 2d AVENUE	3. Mailing Address 1809 NE 2d AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 43-1995372	Applied For <input type="checkbox"/> Not Applicable
Zip 33132	Country USA	Zip 33132	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEDELL, ROBERT
7003 N WATERWAY DR STE 213
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **PHILIPPE MEDELL**
Street Address (P.O. Box Number is Not Acceptable)
1809 NE 2d AVENUE
City **MIAMI** FL **33132**

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 *Philippe Medell* DATE **2/26/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2003 FEE IS \$150.00
2002 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	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	MEDELL, ROBERT			STREET ADDRESS	SECRETARY		
CITY-ST-ZIP	7003 N WATERWAY DR STE 213 MIAMI FL 33155			CITY-ST-ZIP	1809 NE 2d AVENUE MIAMI, FL 33132		
TITLE	MEDELL, ROBERT	<input type="checkbox"/> Delete		TITLE	PRES/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	7003 N WATERWAY DR STE 213			STREET ADDRESS	MEDELL, PHILIPPE		
CITY-ST-ZIP	MIAMI FL 33155			CITY-ST-ZIP	7003 N WATERWAY DR STE 213 1809 NE 2d AVE		
TITLE		<input type="checkbox"/> Delete		TITLE	VP/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS	DANNY DOMINGUEZ		
CITY-ST-ZIP				CITY-ST-ZIP	1809 NE 2d AVE		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *R Medell* DATE: **2/26/03** 305.772.7387