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

DOCUMENT #

PUERTO RICO PHARMACY, INC.

1. Entity Name

SIGNATURE

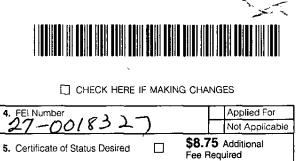
P02000061703



Principal Place of Business 375 N.E. 54TH STREET #3 MIAMI FL 33137		Mailing Address 375 N.E. 54TH STREET #3 MIAMI FL 33137	
2. Principal Place of Business		3. Mailing Addres	SS
Suite, Apt. #, e	tc.	Suite, Apt. #, et	tc.
City & State		City & State	
Zip	Country	Zip	Country
	6. Name and Address of Cu	urrent Registered Agent	<u>_</u>

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90201 034 ***150.00



6. Name and Address of Current Registered Agent	.7. Name and Address of New Registered Agent		
	Name		
Batista, alberto v 80 s.w. 8th street	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 2000			
MAMI FL 33130	City FL Zip Code		

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00
FILE NOW!!! FEE 19 \$150.00
After May 1, 2003 Fee will be \$550.00
- · · · · · · · · · · · · · · · · · · ·
Make Check Payable to Florida Department of State

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE VASQUEZ, CHRISTINA C NAME 9128 N.W. 192ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE - Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment y

SIGNATURE: