

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90247 001 ***150.00

DOCUMENT # *P02000064984*

1. Entity Name
AMERICA PHARMACY, INC

DO NOT WRITE IN THIS SPACE

14022450

2. Principal Place of Business
1784 W. FLAGLER

3. Mailing Address
1784 W. FLAGLER

Suite, Apt. #, etc.
10

Suite, Apt. #, etc.
10

City & State
MIAMI, FL

City & State
MIAMI-FL

4. FEI Number
71-0897778

Applied For
Not Applicable

Zip
33135

Country
DADE

Zip
33135

Country
DADE

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MILLA DORFIRIO

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

1784 W. FLAGLER ST. STE. #10

City
MIAMI

FL

Zip Code
33135

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

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$350.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DPT ST
MILLA DORFIRIO
1784 W. FLAGLER ST. STE 10
MIAMI-FL 33135*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 305.6755