

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

008775 AV

DOCUMENT # **P02000070463**

1. Entity Name

DIVERSIFIED PHARMACY GROUP, INC.



FILED

03 OCT -3 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1455 NW 14TH STREET
MIAMI FL 33125**

Mailing Address

**1455 NW 14TH STREET
MIAMI FL 33125**

2. Principal Place of Business

PO Box 558728

3. Mailing Address

PO Box 558728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33255

Country

Zip

33255

Country

USA

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0627435

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**METSCH, BENJAMIN R
1455 NW 14TH STREET
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **PTD**
NAME **SALAZAR, NELSON**
STREET ADDRESS **1455 NW 14TH STREET**
CITY-ST-ZIP **MIAMI FL 33125**

☒ Delete

TITLE **SVD**
NAME **CALERO, AMABO**
STREET ADDRESS **1455 NW 14TH STREET**
CITY-ST-ZIP **MIAMI FL 33125**

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTSD**
NAME **Guillermo Delgado**
STREET ADDRESS **PO Box 558728**
CITY-ST-ZIP **Miami, FL 33255**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED **Guillermo Delgado** 9/23/03 305-969-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Diversified Pharmacy Group, Inc.

September 24, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302

Re.: Doc #P02000070463

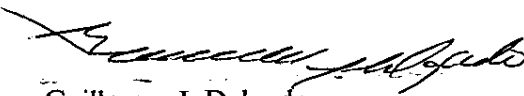
To Whom It May Concern:

Enclosed please find the renewal for Diversified Pharmacy Group, Inc and a check in the amount of \$158.75. As you may note, there were several changes made to this corporation to include an ownership change and a change in the mailing address for the company. As a result, the report was not received in our office until recently. Please accept payment and forward the renewal certificate to the mailing address noted on the report.

If you have any questions or require any additional information, please feel free to contact us at 305-969-0977.

Thank you for your assistance in the aforementioned.

Sincerely,



Guillermo J. Delgado
President