

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

01-24-2003 90072 029 ***150.00

DOCUMENT # P02000105218

1. Entity Name
AMERICA PHARMACY DISCOUNT CORPORATION
LABORATORY SERVICE

Principal Place of Business

~~1555 W 44TH PL #324~~
~~HIALEAH FL 33012~~

Mailing Address

1555 W 44TH PL #324
HIALEAH FL 33012

2. Principal Place of Business

5595 SW 8TH STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

4. FEI Number

30-0133907

Applied For

Not Applicable

Zip

33134

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROQUE, RENE J
1800 W 49TH ST #332
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

1800 W 49TH ST. # 220

City **HIALEAH**

FL

Zip Code **33012**

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 \$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

TITLE **DP** ☐ Delete
NAME **ROQUE, RENE J**
STREET ADDRESS **1800 W 49TH ST #332**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **DV** ☐ Delete
NAME **QUINTANA, JOSE E**
STREET ADDRESS **1555 W 44TH PL #324**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1800 W 49TH ST. # 220**
CITY-ST-ZIP **HIALEAH - FL 33012**

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

TITLE ☐ Change ☐ Addition
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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)(j), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

(305) 263-5858

Daytime Phone #

CR2E034 (10/02)