

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90160 016 \*\*\*150.00

**DOCUMENT # P02000106181**

1. Entity Name  
**GUADALAJARA PHARMACY INC.**



Principal Place of Business  
**14555 SW 176TH TERR.  
MIAMI FL 33177**

Mailing Address  
**14555 SW 176TH TERR.  
MIAMI FL 33177**

2. Principal Place of Business  
**515 S.W. 12 Ave.**

3. Mailing Address  
**SAME # 2**

Suite, Apt. #, etc.  
**503**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State

Zip  
**33130**

Country  
**U.S.A.**

Zip

Country

4. FEI Number  
**46-0501797**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CORONADO, NESTOR  
7360 CORAL WAY, SUITE 21  
MIAMI FL 33155**

## 7. Name and Address of New Registered Agent

Name **MARIA C. ALEMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**14555 S.W. 176 TERR.**  
**Miami, Florida**  
City **FL** Zip Code **33177**

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 *Maria C. Aleman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/26/03**

**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 **PSD** ☐ Delete  
NAME **MONTEJO, NEREIDA A**  
STREET ADDRESS **14555 SW 176TH TERR.**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **VD** ☐ Delete  
NAME **ALEMAN, MARIA C**  
STREET ADDRESS **13944 SW-156TH AVE.**  
CITY-ST-ZIP **MIAMI FL 33196**

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  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/03**

Date

Daytime Phone #

**(305) 560-2778**

CR2E034 (10/02)