

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

DOCUMENT # *P02000116083*

i. Entity Name *BARBIES pharmacy inc.*

FILED

03 MAY 13 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *2324 SW 67 AVE*
Suite, Apt. #, etc.

3. Mailing Address *2324 SW 67 AVE*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *MIAMI FL*
Zip *33155* Country *U.S.*

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Zip *33155* Country *U.S.*

4. FEI Number *32-0043096*
Applied For ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *PATRICIA MORCATE*
Street Address (P.O. Box Number is Not Acceptable) *2324 SW 67 AVE*
City *MIAMI* FL Zip Code *33155*

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]* (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 \$550.00
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 *P*
NAME *PATRICIA MORCATE*
STREET ADDRESS *2324 SW 67 AVE MIAMI FL*
CITY-ST-ZIP *33155*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400019739794
*05/22/03--01053--021 **150.00*

TITLE *V.P.*
NAME *LAURA CARDENAS*
STREET ADDRESS *2324 SW 67 AVE MIAMI FL*
CITY-ST-ZIP *33155*

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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]* *PATRICIA MORCATE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03 *786 306 7071*
Date Daytime Phone #

91 sh3

Florida Department of State
Secretary of State
Division of Corporations
Annual Report./Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-632

Re: BARBIES PHARMACY INC.
Doc# P02000116083

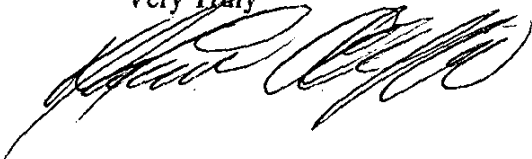
Dear Drew

As per our telephone conversation, please find a check for \$ 150.00 for the annual report of the corp. I did not receive your renewal form and I was not aware that were penalties to pay. I always pay the report on time.

Note of the new address which I think it was why I did not receive the form.

Excuse for any inconvenience waiting for your answer I remain.

Very Truly

A handwritten signature in black ink, appearing to be "Drew", written over the words "Very Truly".