

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

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90053 036 \*\*\*150.00

<b>DOCUMENT #</b> <u>PO 4000035373</u>	
<b>1. Entity Name</b> BRIGHT STAR PHARMACY DISCOUNT INC	

**DO NOT WRITE IN THIS SPACE**

**50012715**

<b>2. Principal Place of Business</b> 2350 W 84 ST Suite, Apt. #, etc. 7		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State	
City & State HIALEAH, FL	City & State	Zip 33016-5574	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		<b>4. FEI Number</b> 20-0782903		<b>Applied For</b> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
		<b>7. Name and Address of Current Registered Agent</b>		
		<b>Name</b> <u>Nidia Rodriguez</u> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>2350 W 84 ST Bay 7</u> <b>City</b> <u>HIALEAH</u> <b>FL</b> <b>Zip Code</b> <u>33016</u>		

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]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** 2-1-05

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$650.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>PRESIDENT</u> <u>Bright Star Pharmacy</u> <u>2350 W 84 ST Bay 7</u> <u>HIALEAH FL 33016</u>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>X</u>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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

**SIGNATURE:** [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-05 786-235-0696