

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90001 021 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000073687

Entity Name
 ACO PHARMACY, INC.

Principal Place of Business
 8352 NE 2ND AVENUE
 MIAMI, FL 33138

Mailing Address
 8352 NE 2ND AVENUE
 MIAMI, FL 33138

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 65-0450314

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACHINIKE OFOLETA
 17041 SW 109th PLACE
 MIAMI, FL 33137

Name
 STANLEY DAVENPORT

Street Address (P.O. Box Number is Not Acceptable)
 8352 NE 2ND AVENUE

City
 MIAMI

FL 33138

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, typed or printed name of registered agent and title if applicable
 STANLEY DAVENPORT, PRESIDENT

4/9/00

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD OFOLETA: ACHINIKE 17041 SW 109th PLACE MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STANLEY DAVENPORT 8352 NE 2ND AVENUE MIAMI, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DT OFOLETA: CHINWE 17041 SW 109th PLACE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EVANS BRANCH 111 8352 NE 2ND AVENUE MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS OFOLETA: DONALD 17041 SW 109TH PLACE MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley Davenport* STANLEY DAVENPORT, PRESIDENT 4/9/00 305-758-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)