

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062400

1. Entity Name

SAN MARTIN'S PHARMACY, INC.

Principal Place of Business

2255 SW 32ND AVENUE
MIAMI FL 33145
US

Mailing Address

2255 SW 32ND AVENUE
MIAMI FL 33145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, MERCEDES G

~~1800 S.W. 93RD COURT~~ 1830 SW 93 PL.
MIAMI FL 33165 Miami, FL 33165

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

TITLE PVD
NAME GONZALEZ, MERCEDES G ☐ Delete
STREET ADDRESS 1800 S.W. 93RD CT. 1830 SW 93 PL.
CITY-ST-ZIP MIAMI FL 33165

TITLE ST
NAME GONZALEZ, RAMON ☒ Delete
STREET ADDRESS 6481 W 8 CT
CITY-ST-ZIP HIALEAH FL 33012

TITLE C
NAME GONEQLEZ, GISELA ☒ Delete
STREET ADDRESS 6481 WEST 8TH CT.
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M
NAME Mercedes G. Gonzalez ☐ Change ☒ Addition
STREET ADDRESS 1830 SW 93 PL
CITY-ST-ZIP Miami, FL 33165

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE: Mercedes G. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01 (305) 445-0033
Date Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90006 002 *****8.75

01-17-2001 90006 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0515222 ☐ Applied For ☐ Not Applicable

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

CR2E034 (10/00)

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