

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000065805**

1. Entity Name

SOSA PHARMACY CORP.**FILED**
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90003 028 ***550.00

Principal Place of Business

P.O. BOX 172326
HIALEAH FL 33017
US

Mailing Address

P.O. BOX 172326
HIALEAH FL 33017
US

2. Principal Place of Business

Sosa Discount Pharmacy
P. O. Box 173136
Hialeah, Florida 33017-

3. Mailing Address

Sosa Discount Pharmacy
P. O. Box 173136
Hialeah, Florida 33017-

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0516474

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****BIANSHI, PETER C**
255 UNIVERSITY DR.
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent**

Name

Jordan, Radial - Co.

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

999 Ponce De Leon Blvd.**Suite 715**

City

Coral Gables**FL**

Zip Code

33134

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PST** ☐ Delete
NAME **SOSA, MERCEDES**
STREET ADDRESS **6367 SW 12 ST.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

(305) 829-5686

Daytime Phone #

CREW 4 (5/00)