

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90196 017 ***150.00

DOCUMENT # P95000013960

1. Entity Name
NOBIS PHARMACY, INC.



Principal Place of Business
**65 NW 167TH STREET
NORTH MIAMI BEACH FL 33169
US**

Mailing Address
**P O BOX 170332
HIALEAH FL 33017**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0557544**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHUCK MOGBO, P.A.
SUITE 124
2331 N STATE RD 7
LAUDERHILL FL 33313~~

Name ~~CHUCK MOGBO, P.A.~~ **CHUCK MOGBO, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
~~Box 2800~~ **2800 W. OAKLAND PK BLVD**
Suite 209
City **OAKLAND PARK** FL Zip Code **33318**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	IZUNOBI, CELESTINE O	
STREET ADDRESS	P.O. BOX 170332 N/A	
CITY-ST-ZIP	HIALEAH FL 33017-0332	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 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

1/17/03 **(305) 652-9600**
Date Daytime Phone #

CR2E034 (10/02)