

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91189 046 ***150.00

DOCUMENT # P95000051481

1. Entity Name

ARENAL PHARMACY AND DISCOUNT STORE, INC.

Principal Place of Business

**920 East 4th Avenue
 Hialeah, FL 33010
 USA**

Mailing Address

**782 N.W. LE JEUNE ROAD
 SUITE 548
 MIAMI FL 33126**

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

65-0592239

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M., Esq.
 782 NW LeJeune Road
 Suite 548
 Miami, FL 33126**

7. Name and Address of New Registered Agent

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.

(NO E 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 **DP** Delete
 NAME **GUERRA, Armando J.**
 STREET ADDRESS **9475 Journey's End Road**
 CITY-ST-ZIP **Coral Gables, FL**

TITLE **DVP** Delete
 NAME **DIAZ, Jose F.**
 STREET ADDRESS **9301 SW 103 Street**
 CITY-ST-ZIP **Miami, FL**

TITLE **D** Delete
 NAME **GUERRA, Alberto**
 STREET ADDRESS **241 Cape Florida Drive**
 CITY-ST-ZIP **Miami, FL**

TITLE **S** Delete
 NAME **CUERVO, Leoncio**
 STREET ADDRESS **13092 NW 11 Court**
 CITY-ST-ZIP **Sunrise, FL 33323**

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 Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armando J. Guerra

05/14/01

(305) 444-3223

Date

Daytime Phone #