

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065398

1. Entity Name

ADVANCED PHARMACY CARE, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90087 001 \*\*\*150.00

Principal Place of Business

Mailing Address

CHAPEL TRAIL COMMERCE CENTER  
91 NW 209TH AVE. STE 111  
PEMBROKE PINES FL 33029

P.O. BOX 820668  
SOUTH FLORIDA FL 33082-0668  
US

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

65-0624039

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

CLAVIJO, IRENE V  
18266 SW 29TH ST.  
MIRAMAR FL 33029

Name

GONZALO A. CLAVIJO

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

18266 SW 29 street

City

MIRAMAR

FL

Zip Code

33029

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, name and title of registered agent and title if applicable

GONZALO A. CLAVIJO, President

02/14/2000

(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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CLAVIJO, IRENE V  
STREET ADDRESS 18266 SW 29TH ST.  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE V/S/D ☒ Change ☐ Addition  
NAME IRENE V. CLAVIJO  
STREET ADDRESS 18266 SW 29 street  
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE SD ☒ Delete  
NAME KAY, MARK W  
STREET ADDRESS 7000 S.W. 62ND AVE.  
CITY-ST-ZIP S. MIAMI FL 33143

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

TITLE D ☐ Delete  
NAME CABRERA, SANDRA B.  
STREET ADDRESS 471 SW 181ST AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE T ☐ Delete  
NAME BARRERAS, LESTER  
STREET ADDRESS 11120 N. KENDALL DR- STE 201  
CITY-ST-ZIP MIAMI FL 33176

TITLE T/D ☒ Change ☐ Addition  
NAME BARRERAS LESTER  
STREET ADDRESS 1120 N. KENDALL DRIVE, STE 201  
CITY-ST-ZIP MIAMI, FL 33176

TITLE D ☐ Delete  
NAME BLANCHAD, LOURDES M  
STREET ADDRESS 9800 SW 100 AVE  
CITY-ST-ZIP MIAMI FL 33176

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition  
NAME GONZALO A. CLAVIJO  
STREET ADDRESS 18266 SW 29 ST  
CITY-ST-ZIP MIRAMAR, FL 33029

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, NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

GONZALO A. CLAVIJO

02/14/2000

(954) 450-3095

Date

Daytime Phone #

CR2E034 (9/99)