

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90011 021 ***150.00

DOCUMENT # P95000065398

1. Entity Name

ADVANCED PHARMACY CARE, INC.

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.

911 NW 209th Ave, Suite 111

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, GONZALO A

**18266 SW 29 STREET
 MIRAMAR FL 33029**

Name

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

1758 VICTORIA Pointe Circle

City **WESTON**

FL

Zip Code **33327**

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!
 After MAY 1, 2001
 Make Check Payable to Department of State**

FEE IS \$150.00

Fee will be \$550.00

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 1

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

TITLE **SD** ☒ Change ☐ Addition
 NAME **CLAVIJO, IRENE V**
 STREET ADDRESS **1758 VICTORIA Pointe Circle**
 CITY-ST-ZIP **WESTON, FL 33327**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **CLAVIJO, GONZALO A.**
 STREET ADDRESS **1758 VICTORIA Pointe Circle**
 CITY-ST-ZIP **WESTON, FL 33327**

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **JAVIER GONZALEZ**
 STREET ADDRESS **16900 North Bay Road, Apt # 1214**
 CITY-ST-ZIP **Sunny Isles, Florida 33160**

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 **PD** ☐ Delete
 NAME **CLAVIJO, GONZALO A**
 STREET ADDRESS **18266 SW 29ST**
 CITY-ST-ZIP **MIRAMAR FL 33029**

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

TITLE ☐ Delete
 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

05/29/01 (954) 450-3095

CR2E034 (10/00)



Attachment

11120 N. Kendall Dr., Suite 201
Miami, Florida 33176
Phone (305) 270-2040
Fax (305) 595-8695

BARRERAS & RACHLIN, L.L.C.

May 23, 2001
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

977580
Doc # P95000065-398

RE: ADVANCED PHARMACY CARE
FEI: 65-0624039
FORM: 2001 UNIFORM BUSINESS REPORT

Dear Sir or Madam,

We are the accountants for the above referenced taxpayer and are writing to you at their request.

Unfortunately, they never received the report in a timely manner due to the fact that it was sent to an incorrect address. Because of this, they were not able to file this form on the due date. Also, enclosed you will find a check in the amount of \$150.

Please accept our apologies, as this has never happened in the past.

Sincerely,

BARRERAS & RACHLIN, L.L.C.

Lester Barreras
Lester Barreras
LB/bab