

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P96000004073
Advance Equipment Supplies & Pharmacy, Inc.

Principal Place of Business

Mailing Address

FILED

01 APR 26 PM 1:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2441 NW 7th St

3. Mailing Address

2441 NW 7th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

105-0636986

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

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

Name

Alberto J. Jimenez

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

2441 NW 7th Street

City

MIAMI

FL

Zip Code

33125

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

4/11/01

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

EFFECTIVE MAY 1, 2001 Fee will be \$500.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTID
Luis Delgado
2441 NW 7th Street
☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTID
Alberto J. Jimenez
2441 NW 7th Street, Miami
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004161577-7
-05/08/01--01040--024
****150.00 ****150.00
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01