

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000022629**

1. Entity Name

GARDENS PHARMACY AND DISCOUNT STORES, INC.**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90320 011 ***150.00

0089410

Principal Place of Business

2399 WEST 52 STREET
HIALEAH FL 33016
US

Mailing Address

2399 WEST 52 STREET
HIALEAH FL 33016
US

2. Principal Place of Business

3. Mailing Address

782 NW LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

548

City & State

City & State

Miami

FL

Zip

Country

Zip

Country

33126

USA

4. FEI Number 65-0728049

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

MARQUEZ, JOSE M
782 NW LEJEUNE ROAD #548
MIAMI FL 33126-5536

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.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 D ☐ Delete
NAME GUERRA, ARMANDO J
STREET ADDRESS 9475 JOURNEY'S END RD
CITY-ST-ZIP CORAL GABLES FL 33156TITLE P ☐ Change ☒ Addition
NAME GUERRA, Armando J.
STREET ADDRESS 9475 Journey's End Road
CITY-ST-ZIP Coral Gables, FL 33156TITLE DVP ☐ Delete
NAME DIAZ, JOSE F
STREET ADDRESS 9301 SW 103 STREET
CITY-ST-ZIP MIAMI FL 33176TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ~~D2VP~~ ☒ Delete
NAME ~~LOPEZ, EDDY~~
STREET ADDRESS ~~922 NW 106 AVE. CIRCLE~~
CITY-ST-ZIP ~~MIAMI FL~~TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME CUERVO, LEONCIO
STREET ADDRESS 47 SUFFOLK AVENUE
CITY-ST-ZIP HIALEAH FL 33010TITLE S ☒ Change ☐ Addition
NAME CUERVO, Leoncio
STREET ADDRESS 13092 NW 11 Court
CITY-ST-ZIP Sunrise, FL 33323TITLE D ☐ Delete
NAME GUERRA, ALBERTO
STREET ADDRESS 241 CAPE FLORIDA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

(305) 447-1160

Date

Daytime Phone #

CR2E034 (10/00)