2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

SIGNATURE:

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P96000074819** 1. Entity Name UNIVERSAL MEDICAL PHARMACY, INC. 05-08-2000 90061 023 ***150.00 Mailing Address Principal Place of Business 13208 S.W. 131 ST. 13208 S.W. 131 ST. MIAMI FL 33186-5887 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0694082 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOFIA GONZAICZ GONZALEZ-CARLO, JULIO E Street Address (P.O. Box Number is Not Acceptable) 13208 S.W. 131 ST. MIAMI FL 33186 MIAMI 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 required when reinstating) FILE NOW!!! FEE IS \$150.00 eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ST Delete TITLE TITLE GONZALEZ-CARLO, JULIO E NAME NAME 7931 S.W. 147TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** Change Addition ☐ Delete TITLE. GONZALEZ, SOFIA A NAME STREET ADDRESS 7931 S.W. 147TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP ☐ Addition · [-] · Change ☐ Delete TITLE GONZALEZ, SOFIA A NAME 7931 S.W. 147TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33193** Addition Delete Change TITLE TITLE Axelina N. Gonzalez NAME NAME 13208 SW 131 St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI PL 331810 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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