

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000074819**

1. Entity Name

UNIVERSAL MEDICAL PHARMACY, INC.

Principal Place of Business

**13208 S.W. 131 ST.
MIAMI FL 33186**

Mailing Address

**13208 S.W. 131 ST.
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**- GONZALEZ, SOFIA
13208 S.W. 131 ST.
MIAMI FL 33186**

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 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	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, SOFIA A	
STREET ADDRESS	7931 S.W. 147TH COURT	
CITY-ST-ZIP	MIAMI FL 33193	

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julio E. Gonzalez	
STREET ADDRESS	13208 SW 131 St.	
CITY-ST-ZIP	MIAMI, FL. 33186	

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, SOFIA A	
STREET ADDRESS	7931 S.W. 147TH COURT	
CITY-ST-ZIP	MIAMI FL 33193	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, AXELINA N	
STREET ADDRESS	13208 SW 131 STREET	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Julio E. Gonzalez (ARL)

Date

4/24/2001

Daytime Phone #

305 255-7769

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90157 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0694082**
Applied For ☐
Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E034 (10/00)