

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT #

P96000075144

1. Entity Name

CORAL WEST PHARMACY, INC.

FILED

00 AUG -1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7245 S.W. 24th ST.
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0691205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORIE BATISTA
7245 S.W. 24th ST.
MIAMI, FL 33155

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, 2000 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

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D NORIEL BATISTA 7245 S.W. 24th ST. MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TS

01/14/00 90054 035 150.00

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:

[Handwritten Signature]

CORAL WEST PHARMACY, INC.
DOC.#P96000075144

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

LETTER NO: 700A00005102

ENCLOSED YOU WILL FIND THE UNIFORM BUSINESS REPORT FORM
ALONG WITH A FRONT AND BACK COPY OF THE CHECK CASHED FROM
THE DIVISION OF CORPORATIONS. THE NECESSARY CORRECTIONS HAVE
BEEN MADE TO THE ABOVE MENTIONED CORPORATION. IF YOU SHOULD
HAVE ANY QUESTIONS REGARDING THIS LETTER PLEASE DON'T HESITATE
TO CONTACT ME AT THE ADDRESS LISTED IN THE REPORT.

CORDIALLY
NORIE BATISTA
PRESIDENT