

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085623

1. Entity Name

PLAZA DRUG DISTRIBUTORS, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90264 026 \*\*\*150.00

Principal Place of Business

Mailing Address

1347 LYNOS ROAD  
COCONUT CREEK FL 33063  
US

1347 LYNOS ROAD  
COCONUT CREEK FL 33063-3927  
US

2. Principal Place of Business

3. Mailing Address

7604 Margate Blvd  
Suite, Apt. #, etc.

7604 Margate Blvd  
Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

65-0701124

Applied For

Not Applicable

Zip

33063

Country

US

Zip

33063

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

BEHM, ARTHUR  
1347 LYONS ROAD  
COCONUT CREEK FL 33063

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

TITLE VP  
NAME BEHM, ARTHUR  
STREET ADDRESS 1347 LYONS ROAD  
CITY-ST-ZIP COCONUT CREEK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME SALPETER, JACK  
STREET ADDRESS 346 NW 87 TERR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME CHASE, LESLIE  
STREET ADDRESS 1613 NW 81 WAY  
CITY-ST-ZIP PLANTATION FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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 an other like empowered.

SIGNATURE:

ARTHUR BEHM V.P.

Date

Daytime Phone #

CR2:034 19/99