

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007557

1. Entity Name

PROFESSIONAL PHARMACY & MEDICAL SUPPLIES CORP.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90014 024 ***150.00

Principal Place of Business

Mailing Address

13218 S.W. 8TH STREET
MIAMI FL 33184

13218 S.W. 8TH STREET
MIAMI FL 33184-1176

2. Principal Place of Business

3. Mailing Address

8567 Coral Way suite 333
Suite, Apt. #, etc.

8567 Coral Way suite #333
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

City & State

MIAMI, FL.

4. FEI Number

65-0737672

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

U.S.A.

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

PORTUONDO, ORIETTA M
13218 S.W. 8TH STREET
MIAMI FL 33184

Name

ORIETTA PORTUONDO

Street Address (P.O. Box Number is Not Acceptable)

8320 SW 35th Terr.

City

MIAMI, FL.

FL

Zip Code

33155

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 PD ☐ Delete

NAME PORTUONDO, ORIETTA M
STREET ADDRESS 8320 SW 35TH TERRACE
CITY-ST-ZIP MIAMI FL 33155

TITLE SD ☒ Delete

NAME MARTIN, ROSA
STREET ADDRESS 10370 S.W. 7TH STREET
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 (305) 551-1179
Date Daytime Phone #

CR2E034 (9/99)