

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90920 003 ***150.00

0219682 AV

DOCUMENT # P97000008114

1. Entity Name
LOVE & CARE PHARMACY, INC.

Principal Place of Business
12261 S.W. 129TH COURT
MIAMI FL 33186

Mailing Address
12261 S.W. 129TH COURT
MIAMI FL 33186

2. Principal Place of Business
5570 NE 4 AVE
 Suite, Apt. #, etc.
Suite B
 City & State
MIAMI, FL
 Zip
33137 Country
USA

3. Mailing Address
5570 NE 4 AVE
 Suite, Apt. #, etc.
Suite B
 City & State
MIAMI, FL
 Zip
33137 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0729492** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GONZALEZ, ARTURO
12261 S.W. 129TH COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **Gonzalez, Arturo**
 Street Address (P.O. Box Number is Not Acceptable)
5570 NE 4 AVE Ste B
 City **MIAMI** **FL** Zip Code **33137**

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 *Arturo Gonzalez*
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GONZALEZ, ARTURO 120 SW 31 RD MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BORREGO, ANA 3720 S.W. 132ND AVE. MIAMI FL 33175 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (9/01)