

2001 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P97000038892

Entity Name
LO RX DRUGS II, INC.

FILED

01 JUL 25 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5816 N. UNIVERSITY DR.
TAMARAC FL 33321**

Mailing Address
**5816 N. UNIVERSITY DR.
TAMARAC FL 33321**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0757745** Applied For
Not Applicable

Zip Country Zip Country

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

**GOLDGLANTZ, ARTHUR
5816 N UNIVERSITY DR
TAMARAC FL 33321**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P <input type="checkbox"/> Delete
NAME	GOLDGLANTZ, ARTHUR
STREET ADDRESS	5816 N UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

90000452640 Change Addition
-08/09/01--01015--008
******150.00 ****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: *[Signature]* Date: **7/20/01** Daytime Phone #: **904-766-1911**

CR2E034 (5/01)

Attachment
#P97000038892

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Lo Rx Drugs, Inc.
5816 N. University Drive
Tamarac, FL 33321

July 20, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

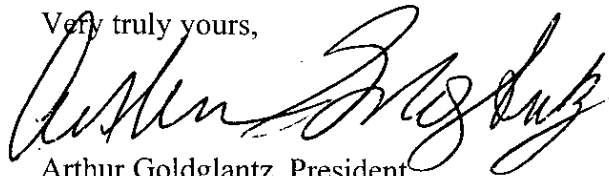
Enclosed herewith please find the 2001 Uniform Business Report for Lo Rx Drugs, Inc.

Please be advised that over the last six months I have been under tremendous personal and emotional stress and have been under the care of a psychologist. During this time I have found it difficult to file reports on a timely basis. Since I have been incorporated, I have always filed my annual report on a timely basis.

Based upon the above, I respectfully request that the penalties assessed as a result of my late filing be waived in consideration of these extenuating circumstances.

Please do not hesitate to contact me if you require any additional information (such as a letter from my psychologist) in connection with your consideration of these matters.

Very truly yours,



Arthur Goldglantz, President
Lo Rx Drugs II, Inc.