

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90083 020 ***150.00

AV

DOCUMENT # P97000038892

1. Entity Name
LO RX DRUGS II, INC.

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.

City & State

Zip Country

4. FEI Number 65-0757745
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

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 (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 Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
P GOLDGLANTZ, ARTHUR
STREET ADDRESS 5816 N UNIVERSITY DRIVE
CITY-ST-ZIP TAMARAC FL 33321

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
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Change Addition

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CITY-ST-ZIP
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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] 3/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)