

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064634

1. Entity Name

PALM AVENUE PHARMACY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90058 032 ***150.00

Principal Place of Business

Mailing Address

400 PALM AVENUE
FL 33010

400 PALM AVENUE
HIALEAH FL 33010-4718

2. Principal Place of Business

400 Palm Avenue

Suite, Apt. #, etc.

3. Mailing Address

400 Palm Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

Zip 33010

Country USA

City & State

Hialeah, FL

Zip 33010

Country USA

4. FEI Number

65-0769614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHEVARRIA, VICKY
6332 NW 176 TERRACE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name Vicky Echevarria

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

5250 NW 114 Av. # 109

City Miami

FL

Zip Code

33178

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

TITLE P ☐ Delete
NAME ECHEVARRIA, VICKY
STREET ADDRESS 5250 NW 114 AV. #109
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicky Echevarria

1/4/2000 (305) 863-9060

Daytime Phone #

CR2E034 (9/99)