

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068517

1. Entity Name

FIRST PHARMACY CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90024 004 ***150.00

Principal Place of Business

2259 W HILLSBORO BLVD
DEERFIELD BCH FL 33442
US

Mailing Address

2259 W HILLSBORO BLVD
DEERFIELD BCH FL 33442-1106
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0777094

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

CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

Name

Samuel J Cantor

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

6700 Broken Sound Pkwy NW

Suite 200

City

Boca Raton

FL

Zip Code
33487

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 D
NAME ROSE, S
STREET ADDRESS 2717 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUD FL 33309 ☐ Delete

TITLE D
NAME Steven G Rose
STREET ADDRESS 2717 W Cypress Creek Rd
CITY-ST-ZIP Ft Lauderdale, FL 33309 ☒ Change ☐ Addition

TITLE D
NAME KELLEY, S
STREET ADDRESS 2717 W CYPRESS CREEK RD
CITY-ST-ZIP FT LAUD FL 33309 ☒ Delete

TITLE D
NAME Philip Stickles
STREET ADDRESS 2717 W Cypress Creek Rd
CITY-ST-ZIP Ft Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE D
NAME HALIKMAN, J
STREET ADDRESS 2259 W HILLSBORO BLVD
CITY-ST-ZIP DEERFIELD BCH FL 33442 ☒ Delete

TITLE D
NAME Christine Rogers
STREET ADDRESS 2717 W Cypress Creek Rd
CITY-ST-ZIP Ft Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE D
NAME OGORMAN, D
STREET ADDRESS 2717 W CHPRESS CREEK RD
CITY-ST-ZIP FT LAUD FL 33309 ☒ Delete

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

TITLE D
NAME CANTOR, S J
STREET ADDRESS 1489 W PALMETTO PK, RD, STE 4865
CITY-ST-ZIP BOCA RATON FL 33486 ☒ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)