

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069942

1. Entity Name

APOTHECARY VENTURE CORPORATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90251 007 ***150.00

Principal Place of Business
1200 BRICKELL AVENUE
STE 130
MIAMI FL 33131
US

Mailing Address
1200 BRICKELL AVENUE
STE 130
MIAMI FL 33131-3209
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0781087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEVIA, MARYLIN
8021 N W 174TH TERRACE
MIAMI FL 33015

7. Name and Address of New Registered Agent

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, 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 PD
NAME FERNANDEZ, GEORGE L.
STREET ADDRESS 11 ISLAND AVENUE PH-10
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE SD
NAME SHIRKO-FERNANDEZ, ADOLFINA C
STREET ADDRESS 11 ISLAND AVENUE PH-10
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FERNANDEZ, GEORGE L.
STREET ADDRESS 8510 SW 124 ST
CITY-ST-ZIP MIAMI, FL 33156 ☐ Change ☐ Addition

TITLE SD
NAME SHIRKO-FERNANDEZ, ADOLFINA C.
STREET ADDRESS 8510 SW 124 ST
CITY-ST-ZIP MIAMI, FL 33156 ☐ Change ☐ Addition

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

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

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

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 #

GEORGE L. FERNANDEZ 4/26/00 (305) 577-0577