

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90056 046 \*\*\*558.78

**DOCUMENT # P97000069942**

1. Entity Name  
**APOTHECARY VENTURE CORPORATION, INC.**

Principal Place of Business

1200 BRICKELL AVENUE  
 STE 130  
 MIAMI FL 33131  
 US

Mailing Address

1200 BRICKELL AVENUE  
 STE 130  
 MIAMI FL 33131  
 US

2. Principal Place of Business

661 BRICKELL Key Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

661 BRICKELL Key DR.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number **65-0781087**

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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 **8510 SW 124 ST**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **8510 SW 124 ST**  
 CITY-ST-ZIP **MIAMI, FL 33156**

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

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

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

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:

**GEORGE FERNANDEZ, PRES.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/3/02 (305) 3779947**

CR2E034 (4/02)