

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90710 028 ***150.00

DOCUMENT # P97000087705

1. Entity Name
LITTLE RIVER PHARMACY, INC.



Principal Place of Business
**203 NE 82ND ST.
MIAMI FL 33138
US**

Mailing Address
**203 NE 82ND ST.
MIAMI FL 33138
US**



2. Principal Place of Business

203 NE 82nd Street
Suite, Apt. #, etc.

3. Mailing Address

203 NE 82nd ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0795671

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARBONE, ANTHONY ESQ.
612 NW 12TH AVE.
MIAMI FL 33136**

7. Name and Address of New Registered Agent

Name

YOLANDE TRANQUILLE

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

203 NE 82nd STREET

City

MIAMI

FL

Zip Code

33138

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 **YOLANDE TRANQUILLE**

Signature, typed or printed name of registered agent and title if applicable.

Y. Tranquille

(NOTE: Registered Agent signature required when reinstating)

03-14-2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DOMINGUE, CARLINE**
STREET ADDRESS **203 NE 82ND ST.**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **NICE PRESIDENT/DIRECTOR** ☐ Delete
NAME **YOLANDE TRANQUILLE**
STREET ADDRESS **203 NE 82nd ST**
CITY-ST-ZIP **MIAMI, FL 33138**

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

11. 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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARBONE, ANTHONY ESQ.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carline Domingue **03-14-03 (305) 754-3088**

Date

Daytime Phone #

CR2E034 (10/02)