

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094494

1. Entity Name

BROADWAY RESPIRATORY PHARMACY, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90032 039 \*\*\*150.00

Principal Place of Business

Mailing Address

4808 E 7TH AVE. SUITE 1  
TAMPA FL 33605

4808 E 7TH AVE. SUITE 1  
TAMPA FL 33605

00007312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3495834**

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

DOMINGUEZ, RON  
4808 E 7TH AVE, SUITE 1  
TAMPA FL 33605

Name **DAVID A YOUNG**  
Street Address (P.O. Box Number is Not Acceptable)  
**334 NW 3rd Ave**  
City **OCALA** FL Zip Code **3475**

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 *David A. Young, Jr.* **DAVID A. YOUNG, JR.** 1/14/00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOMINGUEZ, RON</b>	
STREET ADDRESS	<b>4808 E 7TH AVE, SUITE 1</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President &amp; Treasurer, Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richard Escobar</b>	
STREET ADDRESS	<b>411 SE 82nd place</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE	<b>V.P. Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edwin Holland</b>	
STREET ADDRESS	<b>210 N West Monte</b>	
CITY-ST-ZIP	<b>Altamonte Springs, Fla</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANA Marie Escobar</b>	
STREET ADDRESS	<b>411 SE 82nd place</b>	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/14/00 352/237/9830  
Date Daytime Phone #

CR2E034 (9/99)