

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094494

1. Entity Name
BROADWAY RESPIRATORY PHARMACY, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90009 050 ***150.00

Principal Place of Business

4808 E 7TH AVE. SUITE 1
TAMPA FL 33605

Mailing Address

4808 E 7TH AVE. SUITE 1
TAMPA FL 33605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3495834

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, RON	
STREET ADDRESS	4808 E 7TH AVE, SUITE 1	
CITY - ST - ZIP	TAMPA FL 33605	
TITLE	P/T	<input type="checkbox"/> Delete
NAME	ESCOBAR, RICHARD	
STREET ADDRESS	411 SE 82ND PL	
CITY - ST - ZIP	OCALA FL 34480	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLLAND, EDWIN	
STREET ADDRESS	210 N WESTMONTE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESCOBAR, DANA M	
STREET ADDRESS	411 SE 82ND PL	
CITY - ST - ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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

3/24/01 152-237-9830

Date

Daytime Phone #

CR2E034 (10/00)