

Amended 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020103

1. Entity Name

Dade Pharmacy Discount, Inc.

Principal Place of Business

Mailing Address

3013 E. 4th Avenue
Hialeah, FL 33013

3013 East 4th Avenue
Hialeah, FL 33013

2. Principal Place of Business

3013 E. 4th Avenue
Suite, Apt. #, etc.

3. Mailing Address

3013 E. 4th Avenue
Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33013

Country

Zip

33013

Country

4. FEI Number

650817339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Wilson, J. Everett
2151 Lejuene Road
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

Anthony Dieguez, P. A.

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

1840 West 49th Street, Ste. 411

City

Hialeah

FL

Zip Code

33012

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 town applicable.

(NOTE: Registered Agent signature required when reinstating)

12/27/00

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

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 P, VP, S, T ☐ Delete
NAME Luis Fernandez
STREET ADDRESS 3013 E. 4th Avenue
CITY-ST-ZIP Hialeah, FL 33013

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition
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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

Luis Fernandez (President)

12/27/00

Date

(305) 693-3544

Daytime Phone #

FILED

01 FEB -5 AM 11: 30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2001 UBR

CR2E034 (9/99)

KE