

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90063 019 ***150.00

DOCUMENT # P98000028953

1. Entity Name

SENIOR PHARMACY & DISCOUNT, INC.

Principal Place of Business

**2409 W OKEECHOBEE RD
 HIALEAH FL 33010**

Mailing Address

~~15271 NW 60 AVE
 #205
 MIAMI LAKES FL 33014~~

2. Principal Place of Business

3. Mailing Address

2409 W OKEECHOBEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

Country

33010

Country

4. FEI Number

65-0824856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENENDEZ, JORGE
 15271 NW 60 AVE
 #205
 MIAMI LAKES FL 33014**

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 **PD** ☐ Delete
 NAME **MOJENA, MIREYA**
 STREET ADDRESS **15271 NW 60 AVE, #205**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2409 W OKEECHOBEE RD.**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
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 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

MIREYA MOJENA

Date

Daytime Phone #

1/22/01 305-884-2520

CR2E034 (10/00)