

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059847

1. Entity Name

AIMS RX, CORP.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90983 017 ***150.00

Principal Place of Business

225 NE 34 ST
STE 207
MIAMI FL 33137
US

Mailing Address

225 NE 34 ST
STE 207
MIAMI FL 33137-3800
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0866363

Applied For

Not Applicable

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

RAFULS, MARK

10891 SW 125 ST
MIAMI FL 33176

Name

RAFULS, MARK

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

225 NE 34 STREET

SUITE 207

City

MIAMI

FL

Zip Code

33137

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 MARK RAFULS

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

(NOTE: Registered Agent signature required when reinstating)

4/25/2000

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 V
NAME RAFULS, MARK
STREET ADDRESS 10891 SW 125 ST
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PC
NAME HOWARD, HERMAN
STREET ADDRESS 11810 NORTHEAST 9 AVE.
CITY-ST-ZIP BISCAYNE PARK FL 33161 ☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME CRONEY, ROLANDO A
STREET ADDRESS 20324 NORTHWEST 32 PLACE
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME LOTHARP, NATALIE A
STREET ADDRESS 9260 MENDOTA
CITY-ST-ZIP DETROIT MI 48204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

MARK RAFULS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

205 438-1127

Daytime Phone #

CR2E034 (9/99)