

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078101

1. Entity Name

FIRST CHOICE PHARMACEUTICAL WHOLESALERS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90127 018 ***150.00

Principal Place of Business

Mailing Address

5400 SOUTH UNIVERSITY DRIVE #407A
DAVIE FL 33328

5400 SOUTH UNIVERSITY DRIVE #407A
DAVIE FL 33328-5311

2. Principal Place of Business

5400 S. UNIV DR

3. Mailing Address

5400 S. UNIV DR

Suite, Apt. #, etc.

#506

Suite, Apt. #, etc.

#506

City & State

DAVIE

City & State

DAVIE

Zip

33328

Country

USA

Zip

33328

Country

USA

4. FEI Number

65-0626158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVE
8000 PETERS ROAD
SECOND FLOOR
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

DANIEL ZARRA

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

5400 SOUTH UNIVERSITY DR #506

City

DAVIE

FL

Zip Code

33328

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

1/28/00

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

TITLE PSD
NAME ZARRA, DANIEL
STREET ADDRESS 5400 SOUTH UNIVERSITY DRIVE #407A
CITY-ST-ZIP DAVIE FL 33328

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ZARRA, DANIEL
5400 SOUTH UNIVERSITY DR #506
DAVIE, FL 33328

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

954-434-3530

Daytime Phone #

CR2E034 (9/99)