

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90482 032 \*\*\*150.00

**DOCUMENT # P98000080079**

1. Entity Name  
**HABANA MEDICAL SUPPLY AND PHARMACY DISCOUNT, INC**

Principal Place of Business Mailing Address  
**156 N.W. 57TH AVENUE 156 N.W. 57TH AVENUE**  
**MIAMI FL 33126 MIAMI FL 33126**

2. Principal Place of Business 3. Mailing Address  
**275 SW 17 ave 275 SW 17 ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**216 C 216 C**  
 City & State City & State  
**MIAMI - FLORIDA MIAMI - FLORIDA**  
 Zip Country Zip Country  
**33135 DADE 33135 DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0863600** 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**

**PILOTO, MARIA D**  
**66 WEST 27TH AVENUE**  
**HIALEAH FL 33010**

Name **MARIA D. PILOTO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13215 SW 87 TERR.**  
 City **MIAMI** FL Zip Code **33183**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILOTO, MARIA D	NAME	PILOTO, MARIA D
STREET ADDRESS	66 WEST 27TH AVENUE	STREET ADDRESS	13215 SW 87 TERR.
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **MARIA DE LOS ANGELES PILOTO** **02/21/2001** **305-9681067**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)