2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91062 002 ***150.00

DOCUMENT # P98000080079

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

Principal Place of Business	Mailing Address
215 SW 17TH AVE 216C MIAMI FL 33135	215 SW 17TH AVE 216C MIAMI FL 33135

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
10711 SW 216 st		10711 SW 216 st	
Suite, Apt. #, etc.: Suite 104		Suite, Apt. #, etc.: Suite 104	
City & State: Miami FL		City & State: Miami FL	
Zip: 33170	Country: USA	Zip: 33170	Country: USA

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

PILOTO, MARIA D
13215 SW 87TH TERRACE
MIAMI FL 33183

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PILOTO, MARIA D 13215 SW 87TH TERRACE MIAMI 33 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria de Los Angeles Piloto — 3/13/03 — 786-242-3454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #