

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90184 030 ***150.00

DOCUMENT # P98000081229

1. Entity Name
PHARMACY STRATEGIES, INC.



Principal Place of Business
16352 MALIBU DRIVE
WESTON FL 33326

Mailing Address
16352 MALIBU DRIVE
WESTON FL 33326



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
799 Lake Blvd.

3. Mailing Address
799 Lake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston FL

City & State
Weston, FL

4. FEI Number 65-0866753

Applied For

Not Applicable

Zip 33326

Country Broward

Zip 33326

Country Broward

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

CROSS, R. KEVIN EA
% SIR TAX
801 S. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

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 P
NAME CABAN, ANA L
STREET ADDRESS 16352 MALIBU DRIVE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE P
NAME Ana L. Caban
STREET ADDRESS 799 Lake Blvd
CITY-ST-ZIP Weston, FL 33326 ☒ Change ☐ Addition

TITLE VP
NAME CABAN, LUIS E
STREET ADDRESS 16352 MALIBU DRIVE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE VP
NAME Luis E. Caban
STREET ADDRESS 799 Lake Blvd.
CITY-ST-ZIP Weston, FL 33326 ☒ 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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

(954) 296-9406

Date

Daytime Phone #

CR2E034 (10/02)