

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089725

1. Entity Name

ALL LAKES RX PLUS, INC. N/K/A/

Total Pharmacy Care

Principal Place of Business

15-A WEST CANAL STREET N.
SUITE D
BELLE GLADE FL 33430

Mailing Address

15-A WEST CANAL STREET N.
SUITE D
BELLE GLADE FL 33430-3078

2. Principal Place of Business

7311 N.W. 12th St.

Suite, Apt. #, etc.

Suite #1

City & State

Miami, Fl.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33126

Country

Mia. Dade

Country

4. FEI Number

65-0874793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, VICTOR
15-A WEST CANAL STREET N.
SUITE D
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name
Victor Sierra

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

7311 N.W. 12th St.

Suite #1

City Miami,

FL

Zip Code
33126

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

Victor Sierra

Victor Sierra

4-03-2000

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PVD
NAME SIERRA, VICTOR ☒ Delete
STREET ADDRESS 15-A WEST CANAL STREET N., STE. D
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD ☒ Change ☐ Addition
NAME Victor Sierra
STREET ADDRESS 7311 N.W. 12th St. Suite #1
CITY-ST-ZIP Miami, Fl. 33126

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Victor Sierra* Victor Sierra 4-03-2000 305-969-2848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)