

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90444 025 ***150.00

DOCUMENT # P98000097026

1. Entity Name
CLICKPHARMACY.COM, INC.



Principal Place of Business
8778 S.W. 8TH STREET
MIAMI FL 33174

Mailing Address
8778 S.W. 8TH STREET
MIAMI FL 33174



2. Principal Place of Business
8780 SW 8th Street
Suite, Apt. #, etc.

3. Mailing Address
8778 SW 8th Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0876869

Applied For
☐ Not Applicable

Zip Country
33174 Dade

Zip Country
33174 Dade

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

STRICKROOT, JOHN C
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33174

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

(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 ☐ Delete
NAME **P**
STREET ADDRESS **RODRIGUEZ, GLORIA**
CITY-ST-ZIP **8778 SW 8 ST**
MIAMI FL 33174

TITLE ☐ Change ☒ Addition
NAME **President/Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPT**
STREET ADDRESS **ESCUERO, ENRIQUE A**
CITY-ST-ZIP **8790 SW 8TH STREET**
MIAMI FL 33174

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **TURNES, MARIA E**
CITY-ST-ZIP **8790 SW 8TH STREET**
MIAMI FL 33174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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
RODRIGUEZ

1-31-03

305-226-6837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)