

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90035 036 ***150.00

DOCUMENT # P99000015221
1. Entity Name
 PHARMACY OF LAS CRUCES, INC.

Principal Place of Business
 PHARMACY OF LAS CRUCES
 1101 S. ROGERS CIRCLE #3
 BOCA RATON FL 33487

Mailing Address
 1101 S. ROGERS CIRCLE #3
 BOCA RATON FL 33487

2. Principal Place of Business
 1101 S. ROGERS CIRCLE

3. Mailing Address
 1101 S. ROGERS CIRCLE

Suite, Apt. #, etc.
 SUITE 3

City & State
 BOCA RATON FL

Zip
 33487

Country
 USA

A0055365

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0898570

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For ☐ Not Applicable ☐

6. Name and Address of Current Registered Agent

Daniels, Theodore
 4400 N. FEDERAL HWY
 BOCA RATON, FL 33431

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.

SIGNATURE  **DATE** 4-9-01

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Levins, Jay	
STREET ADDRESS	1101 S. ROGERS CIRCLE #3	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	<input type="checkbox"/> Delete
NAME	Levins, Glenn	
STREET ADDRESS	1101 S. ROGERS CIRCLE #3	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **DATE** 4-3-01 **Daytime Phone #** 561-988-2036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)