

002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026009

Entity Name
Garmendia's Pharmacy, Inc.

Principal Place of Business
1572 W. 37th St.
Hialeah, FL 33012

Mailing Address
1572 W. 37th St.
Hialeah, FL 33012

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

4. FEI Number

650907806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Fernandez, Oscar
1572 W. 37th St.
Hialeah, FL 33012

7. Name and Address of New Registered Agent

Name

J. EVERETT WILSON, ESQ.

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

WILSON SHARER & LOPEZ

2151 Le Jeune Rd, Mezzanine

City

Coral Gables

FL

Zip Code

33134

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

J. EVERETT WILSON

5/14/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS
- ZIP
PD
Fernandez, Oscar
1572 W. 37th St.
Hialeah, FL 33012
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Barroso, Angel
1572 W. 37th St
Hialeah, FL 33012
☒ Change ☐ Addition

ADDRESS
- ZIP
☐ Delete

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

ADDRESS
- ZIP
☐ Delete

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

ADDRESS
- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800009347708
12/04/02--01039--021 **61.25
☐ Change ☐ Addition

ADDRESS
- ZIP
☐ Delete

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

ADDRESS
- ZIP
☐ Delete

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

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.

5/14/02 (2-5) 231-7777

CR2E034 (9/01)