

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036818

1. Entity Name
PHARMCO PHARMACY, INC.

Principal Place of Business **Mailing Address**
8854 NW 153 Terrace
Miami, Florida 33018

2. Principal Place of Business **3. Mailing Address**
2017 West 62 Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Hialeah, Florida

Zip **Country** **Zip** **Country**
33016

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90174 034 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916214 **Applied For**
Not Applicable

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**

RANGEL FERNANDEZ
8854 NW 153 Terrace
Miami, Florida 33018

ANDRES FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
2017 West 62 Street

City Hialeah **FL** **Zip Code** 33016

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 *Andres Fernandez* **ANDRES FERNANDEZ** **1/13/2000**
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. ☒ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FERNANDEZ, RANGEL 8854 NW 153 Terrace Miami, FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D FERNANDEZ, ANDRES 2017 West 62 Street Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MARTINEZ, PEDRO 14200 SW 18 Street Miami, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Andres Fernandez* **Andres Fernandez** **1/13/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #