

# 2002 UNIFORM BUSINESS REPORT (UBR)

0132728 AV

DOCUMENT # P99000038451

1. Entity Name  
OLA'S PHARMACY, INC.

FILED

02 APR -4 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3068 PALM AVENUE  
HIALEAH FL 33012

Mailing Address  
3068 PALM AVENUE  
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0919105

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

FLORES, LAZARA R  
3251 NW 7TH STREET  
HIALEAH FL 33012

Name Hernandez, Jorge  
Street Address (P.O. Box Number is Not Acceptable)  
3068 Palm Avenue  
City Hialeah FL Zip Code 33112

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

(NOTE: Registered Agent signature required when reinstating)

3/15/02 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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FLORES, LAZARA R  
STREET ADDRESS 3068 PALM AVENUE  
CITY-ST-ZIP HIALEAH FL 33012 ☒ Delete

TITLE  
NAME 500005283005-1  
STREET ADDRESS -04/16/02--01067--007  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE VD  
NAME FLORES, LAZARA R  
STREET ADDRESS 3068 PALM AVENUE  
CITY-ST-ZIP HIALEAH FL 33012 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Hernandez, Jorge P.O. S.T.D  
NAME 3068 Palm Avenue  
STREET ADDRESS Hialeah, FL 33012  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02 Date

(352) 85-5509 Daytime Phone #

CR2E034 (9/01)