

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 26 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/26/03--01068--003 \*\*550.00

DOCUMENT # **P99 0000 38451**

1. Entity Name  
**Ola's Pharmacy, Inc.**

Principal Place of Business  
**3068 Palm Av.  
Hialeah, FL 33012**

Mailing Address  
**3068 Palm Av.  
Hialeah, FL 33012**

2. Principal Place of Business  
**765 E. 9 St.**

3. Mailing Address  
**765 E. 9 St.**

Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

4. FEI Number  
**65-0919105**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**Hernandez, Jorge L.  
3068 Palm Avenue  
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)  
**2151 Le Jeune Rd  
Mezzanine**  
City **Coral Gables** FL Zip Code **33134**

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 **J. EVERETT WILSON** DATE **6/18/03**

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

**IF FILING NOW WITH FEES IS \$50.00**  
**After May 15, 2003 Fee will be \$50.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST Hernandez Jorge 3068 Palm Av. Hialeah, FL 33012</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. Rosaigner, Luis E. 765 E. 9 Street Hialeah, FL 33012</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.O. Yanes, Miriam 765 E. 9 Street Hialeah, FL 33012</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** **J. Everett Wilson** DATE **6/18/03** (305) 805-5509