2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038451

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

FILED
03 JUN 26 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300021159693
06/26/03--01068--003 **550.00

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.:

Suite, Apt. #, etc.:

☐ CHECK HERE IF MAKING CHANGES

City & State: Hialeah, FL

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4. FEI Number: 65-0919105 — Applied For / Not Applicable

Zip: 33010 — Country:

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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 X J. EVERETT WILSON 6/18/03

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

FILING NOW IN FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Hernandez, Jorge 3068 Palm Av. Hialeah, Fl 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Rodriguez, Luis E. 765 E. 9 Street Hialeah, Fl 33010 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D Yanes, Miriam 765 E. 9 Street Hialeah, Fl 33010 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 6/18/03 (305) 805-5509