

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061636

1. Entity Name

COMMUNITY FIRST PHARMACY SERVICES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90475 042 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O 11120 N. KENDALL DR. STE. 201  
MIAMI FL 33176

C/O 11120 N. KENDALL DR. STE. 201  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

325 MERIDIAN AVE

325 MERIDIAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14

14

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

33139

Country

Zip

33139

Country

4. FEI Number

65-0933248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANGIPANE, GARY  
C/O 11120 N. KENDALL DR. STE. 201  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name DR. SUSAN SOLMAN

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

325 MERIDIAN AVE #14

City

MIAMI BEACH

FL

Zip Code

33139

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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, 2000 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

TITLE D ☐ Delete  
NAME FRANGIPANE, GARY  
STREET ADDRESS C/O 11120 N. KENDALL DR. STE. 201  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR. SUSAN SOLMAN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 325 MERIDIAN AVE #14  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

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

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

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

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

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 line empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

305-673-3066

CR2E034 (9/99)