

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90051 019 ***150.00

DOCUMENT # P99000086572

1. Entity Name
MERCY'S PHARMACY, INC.

Principal Place of Business

**3217 SW 138TH COURT
 MIAMI FL 33175**

Mailing Address

**3217 SW 138TH COURT
 MIAMI FL 33175**

2. Principal Place of Business

**4095 SW 137 Ave
 Suite 4**

3. Mailing Address

**8758 SW 8 St
 Suite, Apt. #, etc.**

City & State
Miami FL

City & State
Miami FL

Zip Country
33175 USA

Zip Country
33175 USA

4. FEI Number **65-0952414**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, MARIA M
 3217 SW 138TH COURT
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Gonzalez Maria M.**
 Street Address (P.O. Box Number is Not Acceptable)
4516 NW 114 Avenue, #2608
 City **Miami FL** Zip Code **33178**

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 _____ (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. (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

TITLE **PD** ☐ Delete
 NAME **GONZALEZ, MARIA M**
 STREET ADDRESS **3217 SW 138TH COURT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **GONZALEZ, MARIA M**
 STREET ADDRESS **4516 NW 114 Avenue, #2608**
 CITY-ST-ZIP **Miami FL 33178**

TITLE ☐ Change ☐ Addition
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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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date

Daytime Phone #

CR2E034 (9/01)