

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32960

1. Entity Name

CORAL REEF PHARMACY AND DISCOUNT STORE, INC.

Principal Place of Business

13796 SW 152ND ST  
MIAMI FL 33177

Mailing Address

13796 SW 152ND ST  
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

782 NW LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

548

City & State

City & State

Miami

FL

Zip

Country

Zip

Country

33126

USA

4. FEI Number

65-0245060

Applied For

Not Applicable

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

MARQUEZ, JOSE M.  
782 NW LEJEUNE ROAD  
SUITE 548  
MIAMI FL 33126

Name

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

City

FL

Zip Code

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)

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	GUERRA, ARMANDO J.	
STREET ADDRESS	9475 JOURNEY'S END ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	<del>V</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>LOPEZ, EDDY</del>	
STREET ADDRESS	<del>922 N.W. 106TH AVE CIR</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DIAZ, JOSE F.	
STREET ADDRESS	9301 SW 103 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRA, ALBERTO	
STREET ADDRESS	241 CAPE FLORIDA DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUERVO, Leo	
STREET ADDRESS	13092 NW 11 Court	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO J. GUERRA

3/8/01

Date

(305) 447-1160

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90320 013 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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