

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 87681

1. Entity Name  
V & M PHARMACY DISCOUNT INC.

FILED  
Apr 25, 2000 8:00 am  
Secretary of State  
04-25-2000 90054 003 \*\*\*150.00

Principal Place of Business  
1750 N.W. 29TH STREET  
MIAMI FLORIDA. 33142

Mailing Address  
1750 N.W. 20TH STREET  
MIAMI FLORIDA. 33142

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0290870  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VALLECILLO YAMILE  
14707 S.W. 37TH TERRACE  
MIAMI FLORIDA. 33185

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 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

STD  
VALLECILLO, YAMILE  
11550 S.W. 4TH STREET  
MIAMI FLORIDA.

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MIAMI FLORIDA.

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MIAMI FLORIDA.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

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Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

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Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

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: Vallecillo (PRESIDENT / DIRECTOR )  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #