

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90005 010 \*\*\*150.00

**DOCUMENT # P96000040071**

1. Entity Name  
**VITAL PHARMACEUTICALS, INC.**

Principal Place of Business

6573 STIRLING ROAD  
 FT. LAUDERDALE FL 33314

Mailing Address

6573 STIRLING ROAD  
 FT. LAUDERDALE FL 33314-7457

2. Principal Place of Business

5414 Stirling Rd  
 Suite, Apt. #, etc.  
 Davie, FL

City & State  
 33314 USA

Zip Country

3. Mailing Address

5414 Stirling Rd  
 Suite, Apt. #, etc.

City & State  
 Davie, FL

Zip Country  
 33314 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0668430**

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

OWOC, JOHN H  
 6573 STIRLING ROAD  
 FT. LAUDERDALE FL 33314

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 **X**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OWOC, JOHN H</b>	
STREET ADDRESS	<b>6573 STIRLING ROAD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LUSAK, DARLENE</b>	
STREET ADDRESS	<b>6573 STIRLING ROAD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OWOC, JOHN H</b>	
STREET ADDRESS	<b>5414 Stirling Rd</b>	
CITY-ST-ZIP	<b>Davie, FL 33314</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lysak, Darlene</b>	
STREET ADDRESS	<b>5414 Stirling Rd</b>	
CITY-ST-ZIP	<b>Davie, FL 33314</b>	
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: **X**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 954 987-3325

CR2E034 (9/99)