

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90004 048 ***150.00

0164453

DOCUMENT # 853830

1. Entity Name

STIEFEL LABORATORIES, INC.

Principal Place of Business

**255 ALHAMBRA CIRCLE
 SUITE 1000
 CORAL GABLES FL 33134-6924**

Mailing Address

**255 ALHAMBRA CIRCLE
 SUITE 100
 CORAL GABLES FL 33134-6924**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **14-1255448**

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

**STIEFEL, CHARLES W.
 255 ALHAMBRA CIRCLE
 STE 1000
 CORAL GABLES FL 33134**

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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **STIEFEL, WERNER K.**
 CITY-ST-ZIP **657 NORTH GREENWAY DRIVE
 CORAL GABLES FL**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **STIEFEL, HERBERT A.**
 CITY-ST-ZIP **720 CORAL WAY APT. 13E
 CORAL GABLES FL**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BRUNKEN, TERESITA L.**
 CITY-ST-ZIP **1403 OBISPO AVE
 CORAL GABLES FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STIEFEL, EDWARD P.**
 CITY-ST-ZIP **331 MAIN STREET
 CATSKILL NY**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **STIEFEL, CHARLES W**
 CITY-ST-ZIP **10382 SW 144TH STREET
 MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **Stiefel, Charles W.**
 CITY-ST-ZIP **8400 School House Road
 Miami, FL 33143**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **PATTULLO, MATT S**
 CITY-ST-ZIP **6920 SW 54 STREET
 MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Pattullo, Matt S.**
 CITY-ST-ZIP **585 Glenridge Road
 Key Biscayne, FL 33149**

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

4/18/01

Date

Daytime Phone #

CR2E034 (10/00)