

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90116 041 ***150.00

DOCUMENT # 853830

1. Entity Name

STIEFEL LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 ALHAMBRA CIRCLE

3. Mailing Address

255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 1000

Suite, Apt. #, etc.

SUITE 1000

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134-6924

Country

USA

Zip

33134-6924

Country

USA

4. FEI Number

14 - 1255448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

STIEFEL, CHARLES W.

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

255 ALHAMBRA CIRCLE

SUITE 1000

City

CORAL GABLES

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
STIEFEL, CHARLES W.
8400 SCHOOL HOUSE ROAD
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STIEFEL, CHARLES W.
8400 SCHOOL HOUSE ROAD
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PATTULO, MATT S.
585 GLENRIDGE ROAD
KEY BISCAYNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 (305) 443-3800

Date

Daytime Phone #

CR2E034B (12/01)