

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90007 019 ***150.00

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

54024582



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1255448

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☐ Change ☒ Addition
NAME Stiefel, Todd A
STREET ADDRESS 8777 SW 62nd Ct.
CITY-ST-ZIP miami, FL. 33143

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

TITLE D ☐ Change ☒ Addition
NAME Stiefel, Brent
STREET ADDRESS 3640 N. Bayhomes Dr.
CITY-ST-ZIP miami, FL. 33133

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

TITLE D ☐ Change ☒ Addition
NAME Mackay, Richard J
STREET ADDRESS 12530 Albert Prevost
CITY-ST-ZIP montreal, Quebec, H4K 2A7

TITLE PD ☐ Delete
NAME STIEFEL, CHARLES W
STREET ADDRESS 8400 SCHOOL HOUSE ROAD
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ Change ☒ Addition
NAME mcglyn, Gabriel T.
STREET ADDRESS 261 St. Paul's Square
CITY-ST-ZIP Ramsey Isle of Man IM8 1LE

TITLE S ☐ Delete
NAME PATTULLO, MATT S
STREET ADDRESS 585 GLENRIDGE ROAD
CITY-ST-ZIP KEY BISCAYNE FL 33149

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

305 443-3800

Daytime Phone #