

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001980**

1. Entity Name

PSORAYA PHARMACEUTICALS, LTD.

Principal Place of Business

**3675 DERBYSHIRE ROAD, SUITE 213
CASSELBERRY FL 32707**

Mailing Address

**3675 DERBYSHIRE ROAD, SUITE 213
CASSELBERRY FL 32707**

2. Principal Place of Business

**315 EAST ROBINSON ST
SUITE 600**

3. Mailing Address

P.O. Box 140043

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32801

Country

ORANGE

Zip

32814

Country

ORANGE

DUE BY MAY 1, 2002

4. FEI Number

59-3470736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHUFFIELD, W. CHARLES ESQ.
C/O ZIMMERMAN, SHUFFIELD, ET AL
315 EAST ROBINSON STREET, SUITE 600
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$961,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000079170**
NAME **PSORAYA GENERAL, INC.**
STREET ADDRESS **3675 DERBYSHIRE ROAD, SUITE 213**
CITY-ST-ZIP **CASSELBERRY FL 32707**

STREET ADDRESS **315 EAST ROBINSON ST # 600**
CITY-ST-ZIP **ORLANDO, FL 32801**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/22/02

407 928 8665

APPROVED
AND
FILED

02 APR 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)