**FILED**
**May 02, 2002 8:00 am**
**Secretary of State**
05-02-2002 90106 037 ***150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005692

1. Entity Name
VIRILITEC INDUSTRIES, INC.

645263

| Principal Place of Business | Mailing Address |
|---|---|
| 1772 EAST TRAFALGAR CIRCLE<br>HOLLYWOOD FL 33020 | 1772 EAST TRAFALGAR CIRCLE<br>HOLLYWOOD FL 33020 |

DO NOT WRITE IN THIS SPACE

| 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: 11-3447894 ☐ 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 |
|---|---|
| COHEN, MARK CPA<br>1772 EAST TRAFALGAR CIRCLE<br>HOLLYWOOD FL 33020 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | CP<br>ROTH, BELL<br>100 CEDARHURST AVENUE, SUITE 201<br>CEDARHURST NY 11516 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CP<br>ROTH BELLA<br>236 BROADWAY SUITE 201<br>BRLYN N.Y. 11211 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>LIPTON, ARNOLD A M.D.<br>100 CEDARHURST AVENUE, SUITE 201<br>CEDARHURST NY 11516 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV LIPTON ARNOLD A MD.<br>236 BROADWAY SUITE 201<br>BROOKLYN N.Y. 11211 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>LAUFER, MOSHE<br>100 CEDARHURST AVENUE, SUITE 201<br>CEDARHURST NY 11516 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST LAUFER MOSHE<br>236 BROADWAY SUITE 201<br>BROOKLYN N.Y. 11211 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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: Bella Roth BELLA ROTH PRES. 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date