

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90091 009 ***150.00

DOCUMENT # F01000005107

1. Entity Name
LANIPRIN LIFE SCIENCES INC.

Principal Place of Business
1900 S. OCEAN BLVD., STE 5E
POMPANO BEACH FL 33034

Mailing Address
1900 S. OCEAN BLVD., STE 5E
POMPANO BEACH FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1493154**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZELDIN, STEVEN
1900 S. OCEAN BLVD., 5E
POMPANO BEACH FL 33034

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
PCD
ZELDIN, STEVEN
1900 S. OCEAN BLVD., STE 5E
POMPANO BEACH FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
HERNANDEZ, ADOLFO J
225 N.E. MIZNER BLVD., #300
BOCA RATON FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
KATZ, BERNARD L
31 CRAIGMONT DR.
TORONTO ONTARIO CANADA

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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

Date Daytime Phone

CR2E034 (4/02)

Attachment

FD1000005107
125742

Sept 11, 2002

ATTENTION DEPARTMENT OF STATE

I AM NOTIFYING YOU TO LET YOU KNOW
THAT I JUST RECEIVED THIS NOTICE,
AND THAT I HAD MOVED LAWYERS
OFFICES 6 MONTHS AGO. THE
NEW ADDRESS IS 3800 GALT OCEAN
SUITE 712. FT LAUDERDALE FLORIDA
33313

Thank you kindly
[Signature]