

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90110 005 ***150.00

DOCUMENT # F01000006046

1. Entity Name
THERACOR PHARMACEUTICALS, INC.



Principal Place of Business
11840 N.W. 11TH PLACE
CORAL SPRINGS FL 33071

Mailing Address
11840 N.W. 11TH PLACE
CORAL SPRINGS FL 33071

2. Principal Place of Business

509 Sawgrass Corporate Parkway

3. Mailing Address

509 Sawgrass Corporate Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33325

Country

Broward

Zip

33325

Country

Broward

4. FEI Number 51-0412350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHENG, HAIYUNG
11840 N.W. 11TH PLACE
CORAL SPRINGS FL 33071

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. 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, 2003 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

TITLE **PCD** ☐ Delete
NAME **CHENG, HAIYUNG**
STREET ADDRESS **11840 N.W. 11TH PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **S** ☐ Delete
NAME **CHIEN, BENJAMIN**
STREET ADDRESS **THREE INNOVATION WAY STE 240**
CITY-ST-ZIP **NEWARK DE 19711**

TITLE **TD** ☐ Delete
NAME **CHIEN, BENJAMIN**
STREET ADDRESS **THREE INNOVATION WAY STE 240**
CITY-ST-ZIP **NEWARK DE 19711**

TITLE **D** ☐ Delete
NAME **TIEN, BRIAN**
STREET ADDRESS **12674 ORELLA CT**
CITY-ST-ZIP **SARATOGA CA 95070**

TITLE **D** ☐ Delete
NAME **HO, MICHAEL**
STREET ADDRESS **21250 HAWTHORNE BLVD STE 500**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAUYUNG CHENG

1/28/03 954-835-1192
Date Daytime Phone #

CR2E034 (10/02)