

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90023 038 ***150.00

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1. Entity Name

ALTOR BIOSCIENCE CORPORATION



Principal Place of Business

2810 NORTH COMMERCE PARKWAY
MIAMI FL 33025

Mailing Address

2810 NORTH COMMERCE PARKWAY
MIAMI FL 33025

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0523659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WONG, HING C
2810 NORTH COMMERCE PARKWAY
MIAMI FL 33025

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]

Signature, typed or printed name of registered agent and title (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

TITLE	CDP	<input type="checkbox"/> Delete
NAME	WONG, HING C	
STREET ADDRESS	2810 NORTH COMMERCE PARKWAY	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, C. BOYDEN	
STREET ADDRESS	2810 NORTH COMMERCE PARKWAY	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASPRITZ, GERT	
STREET ADDRESS	2810 NORTH COMMERCE PARKWAY	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHODE, PETER	
STREET ADDRESS	2810 NORTH COMMERCE PARKWAY	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUANG, BEE YAU	
STREET ADDRESS	2810 NORTH COMMERCE PARKWAY	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #