

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90034 012 \*\*\*150.00

0012902 MB

**DOCUMENT # F02000006276**

1. Entity Name

**ADVANCED VIRAL RESEARCH CORP.**



Principal Place of Business

**200 CORPORATE BOULEVARD SOUTH  
YONKERS NY 10701**

Mailing Address

**200 CORPORATE BOULEVARD SOUTH  
YONKERS NY 10701**

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

**13-59 2646820**

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

7. Name and Address of New Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC  
29TH FLOOR, BANK OF AMERICA TOWER  
100 SOUTHEAST SECOND STREET  
MIAMI FL 33131-2130**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **HIRSCHMAN, SHALOM Z M.D.**  
STREET ADDRESS **200 CORPORATE BOULEVARD SOUTH**  
CITY-ST-ZIP **YONKERS NY 10701**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROY WALZER**  
STREET ADDRESS **10 South St. P.O. Box 557**  
CITY-ST-ZIP **LITCHFIELD CT 06759**

TITLE **CFO** ☐ Delete  
NAME **GALLANTAR, ALAN V**  
STREET ADDRESS **200 CORPORATE BOULEVARD SOUTH**  
CITY-ST-ZIP **YONKERS NY 10701**

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

TITLE **SD** ☐ Delete  
NAME **WILNER, ELI**  
STREET ADDRESS **1525 YORK AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10028**

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

TITLE **D** ☒ Delete  
NAME **KENT, RICHARD S M.D.**  
STREET ADDRESS **8323 BURNS PLACE**  
CITY-ST-ZIP **CHAPEL HILL NC 17516**

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

TITLE **D** ☐ Delete  
NAME **SELIGMAN, DAVID**  
STREET ADDRESS **4 OXFORD ROAD**  
CITY-ST-ZIP **NORTH CALDWELL NJ 07006-4216**

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

TITLE **D** ☐ Delete  
NAME **VAN SANT, NANCY**  
STREET ADDRESS **1401 BRICKELL AVENUE, SUITE 700**  
CITY-ST-ZIP **MIAMI FL 33131**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)