

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000507

1. Entity Name

BIOMUNE CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90071 009 ***150.00

Principal Place of Business Mailing Address
% NABI 5800 PARK OF COMMERCE BLVD. NW
5800 PARK OF COMMERCE BLVD. NW BOCA RATON FL 33487-8222
BOCA RATON FL 33487 US
US

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 **65-0420950** 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

MCLAIN, THOMAS H
5800 PARK OF COMMERCE BLVD. NW
BOCA RATON FL 33487

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	PCD	<input type="checkbox"/> Delete
NAME	GURY, DAVID J	
STREET ADDRESS	5800 PARK OF COMMERCE BLVD. NW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MCLAIN, THOMAS H	
STREET ADDRESS	5800 PARK OF COMMERCE BLVD. NW	
CITY-ST-ZIP	BOCA RATON FL 33482	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEXANDER, CONSTANTINE	
STREET ADDRESS	3 WHITTIER ST	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Thomas H. Mclain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/18/00 Daytime Phone #

CR2E034 (9/99)