

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90041 038 ***150.00

DOCUMENT # F97000005380

1. Entity Name

ZETAPHARM, INC.

Principal Place of Business

**2550 EL PRESIDIO ST.
 LONG BEACH CA 90810-1193**

Mailing Address

**2550 EL PRESIDIO ST.
 LONG BEACH CA 90810-1193**

C0014061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2894767**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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 \$150.00
 After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	LUELSDORF, DIETER	
STREET ADDRESS	70 W. 36TH ST.	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HEIMANN, RALPH L	
STREET ADDRESS	2550 EL PRESIDIO ST.	
CITY-ST-ZIP	LONG BEACH CA 90810-1193	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYPYSZYK, VOLKER	
STREET ADDRESS	2550 EL PRESIDIO ST.	
CITY-ST-ZIP	LONG BEACH CA 90810-1193	
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Feit	
STREET ADDRESS	2550 El Presidio Street	
CITY-ST-ZIP	Long Beach CA 90810-1193	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth C. Cleveland	
STREET ADDRESS	2550 El Presidio Street	
CITY-ST-ZIP	Long Beach CA 90810-1193	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Sperry	
STREET ADDRESS	787 Seventh Avenue	
CITY-ST-ZIP	New York, NY 10019-6099	
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		

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

Terry Feit

Date

Daytime Phone #

310-669-2157

CR2E034 (10/00)