

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

DOCUMENT # F97000006483

1. Entity Name
QUICK-MED TECHNOLOGIES, INC.

04-17-2002 90298 001 ***150.00
 04-17-2002 90298 002 *****8.75

Principal Place of Business Mailing Address
401 NE 25TH TERRACE **401 NE 25TH TERRACE**
BOCA RATON FL 33431 **BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

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 **65-0797243**

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name **Sachs, Son Klein**

Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Road

City **Boca Raton** **FL** Zip Code **33431**

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, 2002 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 **PC** ☐ Delete
 NAME **LERNER, DAVID**
 STREET ADDRESS **401 NE 25TH TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☒ Addition
 NAME **George Friel**
 STREET ADDRESS **Buckeye, Virginia 24624**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Michael Grunio**
 STREET ADDRESS **30 E 37th Street**
 CITY-ST-ZIP **New York, NY 10016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S/D Michael Kirsch**
 STREET ADDRESS **301 Yamato Road**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Gregory Schultz**
 STREET ADDRESS **1600 SW Archer Road**
 CITY-ST-ZIP **Gainesville, FL 32610**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Paul Cerjin**
 STREET ADDRESS **3524 Old Conne Lane**
 CITY-ST-ZIP **Delrico, FL 33594**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Jerry Alderman**
 STREET ADDRESS **17 Pickman Drive**
 CITY-ST-ZIP **Bedford, MA 01730**

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 605, 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:

DAVID LERNER **President** **4-10-02** **561 7504202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)