

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001044

1. Entity Name

INSTITUTE FOR ADVANCED CANCER THERAPY, INC.

Principal Place of Business

Mailing Address

C/O SQUADRON.ELLENOFF.PLESENT & SHEINFELD
551 5TH AVENUE
NEW YORK NY 10176

C/O SQUADRON.ELLENOFF.PLESENT & SHEINFELD
551 5TH AVENUE
NEW YORK NY 10176-0001

2. Principal Place of Business

411 Route 17 South

3. Mailing Address

Suite, Apt. #, etc.
Suite 305

Suite, Apt. #, etc.

City & State
Hasbrouck Heights, NJ

City & State

Zip
07604

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, STE #2
TALLAHASSEE FL 32301

4. FEI Number

13-3715711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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:

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GRANOFF, MARTIN
STREET ADDRESS 350 5TH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ Delete
NAME MILLER, DANIEL
STREET ADDRESS 350 5TH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ Delete
NAME UROWSKY, HERMAN
STREET ADDRESS 350 5TH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete
NAME FISHMAN, JACK
STREET ADDRESS 350 5TH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete
NAME LEIWANT, IRENE
STREET ADDRESS 350 5TH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P,D ☒ Change ☐ Addition
NAME Granoff, Martin
STREET ADDRESS 411 Route 17 South, Suite 305
CITY-ST-ZIP Hasbrouck, NJ 07604

TITLE V,D ☒ Change ☐ Addition
NAME Miller, Daniel
STREET ADDRESS 411 Route 17 South, Suite 305
CITY-ST-ZIP Hasbrouck, NJ 07604

TITLE S ☒ Change ☐ Addition
NAME Urowsky, Herman
STREET ADDRESS 411 Route 17 South, Suite 305
CITY-ST-ZIP Hasbrouck, NJ 07604

TITLE D ☒ Change ☐ Addition
NAME Fishman, Jack
STREET ADDRESS 411 Route 17 South, Suite 305
CITY-ST-ZIP Hasbrouck, NJ 07604

TITLE D ☒ Change ☐ Addition
NAME Leiwant, Irene
STREET ADDRESS 411 Route 17 South, Suite 305
CITY-ST-ZIP Hasbrouck, NJ 07604

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 617, 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

Herman Urowsky
HERMAN UROWSKY
5604

1-24-2000 201-727-1412

Date

Daytime Phone #