

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001044

1. Entity Name

INSTITUTE FOR ADVANCED THERAPY, INC.

Principal Place of Business

411 ROUTE 17 S  
SUITE 305  
HASBROUCK HEIGHTS NJ 07604

Mailing Address

%SQUADRON.ELLENOFF.PLESENT & SHEINFELD  
551 5TH AVENUE  
NEW YORK NY 10176

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

13-3715711

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GRANOFF, MARTIN  
STREET ADDRESS 411 RT 17 S SUITE 305  
CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604 ☐ Delete

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

TITLE VD  
NAME MILLER, DANIEL  
STREET ADDRESS 411 RT 17 S SUITE 305  
CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604 ☐ Delete

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

TITLE S  
NAME UROWSKY, HERMAN  
STREET ADDRESS 411 RT 17 S SUITE 305  
CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604 ☐ Delete

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

TITLE D  
NAME FISHMAN, JACK  
STREET ADDRESS 411 RT 17 S SUITE 305  
CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604 ☐ Delete

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

TITLE D  
NAME LEIWANT, IRENE  
STREET ADDRESS 411 RT 17 S SUITE 305  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

2-6-02

201-727-1412

CR2E037 (9/01)