

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000002524

1. Entity Name

United States Blood Bank, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

351 N.W. LeJeune Road

Suite, Apt. #, etc.

Suite 103-104

City & State

Miami, FL

Zip

33126

Country

U.S.A

3. Mailing Address

351 N.W. LeJeune Road

Suite, Apt. #, etc.

Suite 103-104

City & State

Miami, FL

Zip

33126

Country

U.S.A

4. FEI Number

65-0909938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

H.C. Palmer III, Esquire

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

Suite 210

147 Alhambra Circle

City

Coral Gables

FL

Zip Code  
33134

**DO NOT WRITE  
IN THIS SPACE**

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

*H.C. Palmer III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

*August 7, 2002*

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
Bruce A. Razza, M.D  
4820 Richland Ave.  
Metairie, LA 70002-1375

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S, T, D  
Enrique Sotolongo  
21 Rue Dijon  
Kenner, LA 70065

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
Jorge Blanco, M.D  
8735 S.W. 160th Street  
Miami, LA 33157

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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IN THIS SPACE**

*[Signature]*

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Enrique Sotolongo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)