

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K74368

1. Entity Name

VICEL, INC.

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FILED

00 JUL 27 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

800 BRICKELL AVENUE, SUITE 1250
MIAMI FL 33131

Mailing Address

800 BRICKELL AVENUE, SUITE 1250
MIAMI FL 33131

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

65-0177974

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

REICHENSTEIN, VICTOR
445 GRAND BAY DRIVE
#605
KEY BISCAIYNE FL 33149

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY - ST - ZIP	P REICHENSTEIN, VICTOR 1111 CRANDON BL A1107 KEY BISCAIYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REICHENSTEIN, VICTOR 445 GRAND BAY DR, #605 KEY BISCAIYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

305-373-7500

Date

Daytime Phone #

CR/EDCA/5000



VICEL, INC.

800 BRICKELL AVENUE, #1250 • MIAMI, FL 33131
(305) 373-7500 • Fax (305) 373-7573
E-mail: vicel@email.msn.com

July 31, 2000

Ms. Kathy Ashton
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: K74368

Dear Ms. Ashton,

As you suggested, attached is a copy of the original letter I sent in with the Report and the \$150 check. Per your information the letter was not reviewed.

I am, therefore, requesting that you review the letter and consider waiving the late fee as we did not receive the January notice to file our report.

Many thanks for all your help.

Sincerely,


Wendy Friedman

/wlf
Encl.