

4/15

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

04-17-2002 90019 041 ****50.00

05-13-2002 90032 012 ****50.00

DOCUMENT # L01000004149

1. Entity Name

IMMUNE AWARENESS ASSOCIATES, LLC

Principal Place of Business

9660 CORAL WAY
MIAMI FL 33165

Mailing Address

9660 CORAL WAY
MIAMI FL 33165

2. Principal Place of Business

9660 CORAL WAY
Suite, Apt. #, etc.

3. Mailing Address

9660 CORAL WAY
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI-Number

05-1083882

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORP DIRECT
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE FL 32301

SAME

7. Name and Address of New Registered Agent

Name: Immune Awareness Associates LLC
Street Address (P.O. Box Number is Not Acceptable)9660 CORAL WAY
City: MIAMI FL Zip Code: FL

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 \$50.00**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: (OWNER)
NAME: ARMANDO GONZALEZ
STREET ADDRESS: 9660 CORAL WAY
CITY-ST-ZIP: MIAMI, FL 33165
☐ DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DeleteTITLE:
NAME:
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NAME:
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CITY-ST-ZIP:
☐ Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/02

Date

(305) 207-4466

Daytime Phone #

CR2E083 (9/01)