

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32727

1. Entity Name

MYO THERAPEUTICS INCORPORATED

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90019 046 \*\*\*150.00

Principal Place of Business

6950 CYPRESS RD  
SUITE 105  
PLANTATION FL 33317

Mailing Address

PO BOX 17682  
PLANTATION FL 33318  
US

A0006255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 NW 70 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip  
33317

Country

Zip

Country

4. FEI Number

65-0158182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALLMAN, ARLAN  
10740 NW 5 ST  
PLANTATION FL 33324

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE P  
NAME HALLMAN, ARLAN  
STREET ADDRESS 10740 NW 5 ST  
CITY-ST-ZIP PLANTATION FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01

(954) 581-XXXX

0504793

CR2034 (10/00)