2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000733

1. Entity Name

LIPOCEUTICAL SCIENCES, LLC

FILED
01 JUN 21 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address

3201 N. FEDERAL HWY., #202
Ft. Lauderdale, FL. 33306

2. Principal Place of Business		3. Mailing Address	
3201 N. FEDERAL HWY			
Suite, Apt. #, etc. #202		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL. 33306		City & State	
Zip	Country US	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0693591 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
John C. Fisher 3201 N. FEDERAL HWY., #202 Ft. Lauderdale, FL. 33306	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 ______________________ 4/30/01
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

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE Pres/Treas ☐ Delete NAME John C. Fisher STREET ADDRESS 3201 N. FEDERAL HWY, #202 CITY-ST-ZIP Ft. Lauderdale, FL. 33306	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE V.P./Sec. ☐ Delete NAME Richard Carrri STREET ADDRESS 9540 Cozycroft Ave. CITY-ST-ZIP Chatsworth, CA. 91311	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 500004451185--0 CITY-ST-ZIP -06/23/01--01016--017
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE *****50.00 ☐ Change *****50.00 ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E083 (11/00)

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: John Fisher 4/30/01 (954)564-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #