

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M56683

1. Entity Name

DERMOGENE CORP.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90338 034 \*\*\*150.00

Principal Place of Business

4401 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

Mailing Address

4401 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

2. Principal Place of Business

8055 NW 77Ct

3. Mailing Address

8055 NW 77Ct

Suite, Apt. #, etc.

Suite #5

Suite, Apt. #, etc.

Suite # 5

City & State

Medley, Fl

City & State

Medley, Fl

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number

65-0423262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DALMAU, JAVIER  
4401 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

8055 NW 77Ct

Suite #5

Medley

City

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 \$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 VP  
NAME DALMAU, AURORA  
STREET ADDRESS 4401 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE VT  
NAME DALMAU, JORGE ALBERTO  
STREET ADDRESS 4401 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE PDC  
NAME DALMAU, JORGE  
STREET ADDRESS 4401 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE VS  
NAME TERPENING, ROBERT J  
STREET ADDRESS 4401 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE V  
NAME DALMAU, JAVIER  
STREET ADDRESS 4401 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE V  
NAME DALMAU, LAURA  
STREET ADDRESS 4401 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8055 NW 77Ct, Suite #5  
CITY-ST-ZIP Medley, Fl 33166

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8055 NW 77Ct, Suite #5  
CITY-ST-ZIP Medley, Fl 33166

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8055 NW 77Ct, Suite #5  
CITY-ST-ZIP Medley, Fl 33166

TITLE VS  
NAME Robert J. Gofus  
STREET ADDRESS 8055 NW 77Ct, Suite #5  
CITY-ST-ZIP Medley, Fl 33166 ☐ Change ☒ Addition

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8055 NW 77Ct, Suite #5  
CITY-ST-ZIP Medley, Fl 33166

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8055 NW 77Ct, Suite #5  
CITY-ST-ZIP Medley, Fl 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)