

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000360

1. Entity Name

IMMUNE BALANCE TECHNOLOGIES LIMITED COMPANY

Principal Place of Business

5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

Mailing Address

5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BARTLEY, NICOLA  
5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90693 022 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0620517

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name BRAD Berilly, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
400 SE 18th Street.

City Fort Lauderdale FL Zip Code 33316

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM  
NAME KELLER, ROBERT H MD  
STREET ADDRESS 5401 N. SURF RD.  
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE MGRM  
NAME KIRCHENBAUM, DAVID  
STREET ADDRESS 3272 HUNTINGTON  
CITY-ST-ZIP FT. LAUDERDALE FL 33332-1857 ☐ Delete

TITLE MGRM  
NAME PATRICK, CATHERINE W  
STREET ADDRESS 501 RANCH ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
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

6-10-02

Date

Daytime Phone #

954-981-9400

CR2E083 (9/01)