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Secretary of State
05-13-2002 90165 009 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FRIENDS OF PHOTONICS FOR BIOMEDICINE INCORPORATED
Document Number: N01000003805

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2. Principal Place of Business	3. Mailing Address
Rooms 225-233, DEPARTMENT of BIOLOGY UNIVERSITY of MIAMI	POB 249118
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES FL	City & State:
Zip: 33124 Country:	Zip: Country:

4. FEI Number: 65-1126031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ELLI KOHEN

Street Address (P.O. Box Number is Not Acceptable): 9410 SW 53rd Street

City: MIAMI FL Zip Code: 33165

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: Elli Kohen
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE D NAME ELLI KOHEN P STREET ADDRESS 9410 SW 53rd Street CITY-ST-ZIP MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME JOSEPH G HIRSCHBERG VP, S, T STREET ADDRESS 1046 ALFONSO CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME OFFICER ROGER M LEBLANC STREET ADDRESS 713 CRANDON BOULEVARD CITY-ST-ZIP KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME OFFICER CEREN ÖRNEK STREET ADDRESS 8206 SW 65th AVENUE Apt. 87 CITY-ST-ZIP MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME OFFICER DIETRICH O. SCHACHTSCHABEL STREET ADDRESS In der Vaun 25C CITY-ST-ZIP 35037 MARBURG, GERMANY	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE OFFICER NAME RENE SANTUS, LABORATOIRE DE PHOTOBIOLOGIE MUSEUM NATIONAL D'HISTOIRE NATURELLE, 43 STREET ADDRESS RUE CUVIER, 75231, PARIS, FRANCE CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Elli Kohen APRIL 23, 2002 (305) 284 6207 (305) 279 3822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #