2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003
Secretary of State

DOCUMENT# N02000005024

Entity Name: BIOTERRORISM AND INFECTIOUS DISEASE CENTER FOR PEDIATRIC MEDICAL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

3200 SW 60TH COURT
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 561823
MIAMI, FL 33256-182

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENOIR, ANNA
P.O.BOX 561823
MIAMI, FL, FL 33256

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LENOIR, ALLEN A
Address: 8390 SW 106TH STREET
City-St-Zip: MIAMI, FL 33156

Title: V ( ) Delete
Name: LENOIR, ANNA
Address: 8390 SW 106TH STREET
City-St-Zip: MIAMI, FL 33156

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LENOIR, ALLEN A
Address: 2506 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change ( ) Addition
Name: LENOIR, ANNA
Address: 2506 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Change (X) Addition
Name: LENOIR, ANDREW
Address: 2506 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA LENOIR VP 09/10/2003

Electronic Signature of Signing Officer or Director — Date