

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90178 042 ****70.00

DOCUMENT # N29390

1. Entity Name

UNIVERSITY BIOCHEMISTRY AND MOLECULAR BIOLOGY FO

Principal Place of Business	Mailing Address
C/OM. P. DEUTSCHER P.O.BOX 016129 (M823) MIAMI FL 33101	C/OM. P. DEUTSCHER P.O.BOX 016129 (M823) MIAMI FL 33101-6129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0125447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEUTSCHER, MURRAY P 1011 NW 15 STREET RM 316, GAUTIER BLDG. MIAMI FL 33136		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete WOESSNER, JACOB F.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7901 SW 54 COURT	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete HUIJING, FRANS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8761 SW 54 COURT	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete AHMAD, FAZAL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6090 SW 79 COURT	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete WHELAN, JOSEPH W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1011 NW 15TH STREET	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SCOTT, WALTER A.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1011 NW 15 STREET	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete DEUTSCHER, MURRAY P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 GROVE ISLE DR, #110	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Murray P. Deutscher* **SIGNATURE REQUIRED** **MURRAY P. DEUTSCHER** 4/26/00 305-243-3597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)