

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90039 002 \*\*\*\*70.00

**DOCUMENT # N29390**

1. Entity Name

**UNIVERSITY BIOCHEMISTRY AND MOLECULAR BIOLOGY FOUNDATION, INC.**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0125447**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **WOESSNER, JACOB F.**  
STREET ADDRESS **7901 SW 54 COURT**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete  
NAME **HUIJING, FRANS**  
STREET ADDRESS **8761 SW 54 COURT**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **P** ☐ Delete  
NAME **WHELAN, JOSEPH W**  
STREET ADDRESS **1011 NW 15TH STREET**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete  
NAME **SCOTT, WALTER A.**  
STREET ADDRESS **1011 NW 15 STREET**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete  
NAME **DEUTSCHER, MURRAY P**  
STREET ADDRESS **3 GROVE ISLE DR, #110**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete  
NAME **Boehmer, Paul E.**  
STREET ADDRESS **1011 NW 15 Street**  
CITY-ST-ZIP **Miami, FL 33136**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
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: Sandra Black, Secretary/Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/18/02 423-253 3876**

CR2E037 (9/01)