


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29390**  
 1. Entity Name  
**UNIVERSITY BIOCHEMISTRY AND MOLECULAR BIOLOGY FOUNDATION, INC.**



Principal Place of Business  
**C/OM. P. DEUTSCHER**  
**P.O. BOX 016129 (M823)**  
**MIAMI, FL 33101**

Mailing Address  
**C/OM. P. DEUTSCHER**  
**P.O. BOX 016129 (M823)**  
**MIAMI, FL 33101**

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0125447** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DEUTSCHER, MURRAY P**  
**1011 NW 15 STREET**  
**RM 316, GAUTIER BLDG.**  
**MIAMI, FL 33136**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

U00000309394  
 04/16/05-80095-014 70 00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUIJING, FRANS
STREET ADDRESS	8761 SW 54 COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	WHELAN, JOSEPH W
STREET ADDRESS	1011 NW 15TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	SCOTT, WALTER A.
STREET ADDRESS	1011 NW 15 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	DEUTSCHER, MURRAY P
STREET ADDRESS	2 GROVE DALE DR 701
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	BOEHMER, PAUL E
STREET ADDRESS	1011 NW 15 ST
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sanjiv Bhat, Treasurer/Secretary* 4/13/05 423 253 3876  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #