


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	



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0125447	Applied For Not Applicable
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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 NAME STREET ADDRESS CITY-ST-ZIP	D HUIJING, FRANS 8761 SW 54 COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHELAN, JOSEPH W 1011 NW 15TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WALTER A. 1011 NW 15 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCHER, MURRAY P 2 GROVE DALE DR 701 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEHMER, PAUL E 1011 NW 15 ST 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 Black, Treasurer/Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 423 253 3876
Date Daytime Phone #