

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0045708

DOCUMENT # N93000003820

1. Entity Name

IMMUNOLOGY AND RETROVIROLOGY RESEARCH INSTITUTE.

03-12-2001 90447 001 ****61.25

Principal Place of Business

Mailing Address

**4009 N FEDERAL
 FT LAUDER FL 33308
 US**

**4009 N FEDERAL HWY
 FT LAUDERDALE FL 33308
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0447915

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOUIS ROBERTS
 4009 N FEDERAL HWY
 FT LAUDERDALE FL 33308**

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	<input type="checkbox"/> Delete
NAME	LAMARCA, ANTHONY	
STREET ADDRESS	4009 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAINES, HAROLD	
STREET ADDRESS	8323 NW 12 ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, LOUIS	
STREET ADDRESS	4009 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, C DAVID	
STREET ADDRESS	8323 NW 12TH ST SUITE 109	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 ANTHONY LAMARCA

Date

Daytime Phone #

3/9/01

CR2E037 (10/00)