

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004909

1. Entity Name

INTERNATIONAL ASSOCIATION OF ADAPTIVE SCIENCES,

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90026 001 \*\*\*\*70.25

Principal Place of Business

4811 N.W. 1ST AVENUE  
SUITE 101  
POMPAÑO BEACH FL 33064

Mailing Address

4811 N.W. 1ST AVENUE  
SUITE 101  
POMPAÑO BEACH FL 33064

2. Principal Place of Business

SAME AS #1

3. Mailing Address

SAME AS #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0898729

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

GHANCHI, IMRAN  
4811 N.W. 1ST AVENUE  
SUITE 101  
POMPAÑO BEACH FL 33064

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME GHANCHI, IMRAN  
STREET ADDRESS 4811 N.W. 1ST AVENUE  
CITY-ST-ZIP POMPAÑO BEACH FL 33064

TITLE VD ☐ Delete  
NAME CRESCIMANO, SEBASTIAN  
STREET ADDRESS P.O. BOX 4543  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE SD ☒ Delete  
NAME ZABOTINA, JELENA  
STREET ADDRESS P.O. BOX 4543  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE T ☐ Delete  
NAME AUSBURGER, MARIA  
STREET ADDRESS P.O. BOX 4543  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME BERTHA UHLAN  
STREET ADDRESS P.O. Box 4543  
CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)