5/15/01-90086-030-S

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002014 1. Entity Name THE FLORIDA ANTIVENIN BANK, INC. Principal Place of Business Mailing Address 738 NW 134 PLACE 738 NW 134 PLACE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1495384 APPLIED FOR Not Applicable Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired FEI-NUMBER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CRUZ. ARGELIO 738 NW 134 PLACE MIAMI FL 33182_ Zip Code FL 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, TITLE ☐ Delete TITLE CRUZ. ARGELIO NAME NAME STREET ADORESS 738 NW 134 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SARGENT, DENNIS MAME STREET ADDRESS 738 NW 134 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 CITY-ST-70P STD TITLE ☐ Delete TITLE ☐ Change Addition PERDOMO, CHARLIE NAME STREET ADDRESS STREET ADDRESS 738 NW 134 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NALIE MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 517, 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. ALGELIC CAUZ 305 14701609