

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90031 031 ****61.25

DOCUMENT # N97000002014

1. Entity Name

THE FLORIDA ANTIVENIN BANK, INC.

Principal Place of Business

Mailing Address

**738 NW 134 PLACE
 MIAMI FL 33182**

**738 NW 134 PLACE
 MIAMI FL 33182**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1495384

Applied For

Not Applicable

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

**CRUZ, ARGELIO
 738 NW 134 PLACE
 MIAMI FL 33182**

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 NAME	DP CRUZ, ARGELIO	<input type="checkbox"/> Delete
STREET ADDRESS	738 NW 134 PLACE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE NAME	DV SARGENT, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	738 NW 134 PLACE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE NAME	STD PERDOMO, CHARLIE	<input type="checkbox"/> Delete
STREET ADDRESS	738 NW 134 PLACE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ARGELIO CRUZ

786 229 1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)