

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90045 013 ***150.00

DOCUMENT #

1. Entity Name *Virus-Cide Inc.*
P00000028388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21529 Cypress Hammock Dr
Suite, Apt. #, etc.

3. Mailing Address

21529 Cypress Hammock Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

Zip
33428

Country
Palm

City & State

Boca Raton FL

Zip
33428

Country
Palm

4. FEI Number

65-1026904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Arthur Hertz*

Street Address (P.O. Box Number is Not Acceptable)
21529 Cypress Hammock Dr

City *Boca Raton*

FL

Zip Code
33428

**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

Arthur Hertz *Arthur Hertz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President CORTES, JULIO 9411 Chelsea Dr. No. Plantation FL 33324</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Arthur Hertz Sec. Treas. 21529 Cypress Hammock Dr Boca Raton FL 33428</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice Pres. Sari Posner 480 ELKHURST PL. HENDERSON, NV 89012</i>
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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)(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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Hertz *Arthur Hertz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05-5614874298

Date

Daytime Phone #

CR2E034B (12/02)