

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047786

1. Entity Name

EIVIR BIOMEDICAL RESEARCH INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90226 012 \*\*\*150.00

00050239



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4850 NE 5TH AVENUE 120 BOCA RATON FL 33431		Mailing Address 4850 NE 5TH AVENUE 120 BOCA RATON FL 33431	
2. Principal Place of Business 9957 Three Lakes Circle		3. Mailing Address 9957 Three Lakes Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-1060200		Applied For Not Applicable	
Zip 33428		Country		Zip 33428		Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent  KHUSAINOV, ROBERT M 4850 NE 5TH AVENUE 120 BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name Khusainov Robert M. Street Address (P.O. Box Number is Not Acceptable) 9957 Three Lakes Circle City Boca Raton FL Zip Code 33428			
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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 Robert M. Khusainov DATE 4.24.01.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHUSAINOV, ROBERT M 4850 NE 5TH AVENUE 120 BOCA RATON FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHUSAINOV, EILEEN R 4850 NE 5TH AVENUE 120 BOCA RATON FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIYMA VICTOR A. 9957 THREE LAKE CIRCLE BOCA RATON FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Khusainov (Robert M. Khusainov) DATE 4.24.01. DAYTIME PHONE # 561-445-8357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)