

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 029 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056192

1. Entity Name

CHIRAD BIOSCIENCES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4202 EAST FOWLER AVENUE

Suite, Apt. #, etc.

SCA 400, ROOM 114

City & State

TAMPA FL

Zip

33620

Country

3. Mailing Address

4202 EAST FOWLER AVENUE

Suite, Apt. #, etc.

SCA 400, ROOM 114

City & State

TAMPA FL

Zip

33620

Country

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4. FEI Number

59-3657472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

T
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
KIM, JAE H
4202 EAST FOWLER AVENUE SCA400 RM114
TAMPA FL 33620

PSD
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
KIM, KYUNG-IL
4202 EAST FOWLER AVENUE SCA400 RM114
TAMPA FL 33620

D
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
KANG, SUNG-H
4202 E. FOWLER AVE. SCA400 RM114
TAMPA FL 33620

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KYUNG-IL KIM

04/26/02

(813) 615-1900

CR2E034B (12/01)