

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90053 044 ***150.00

DOCUMENT # P01000023510

1. Entity Name

ASSOCIATES IN ADVANCED THERAPEUTICS, INC..

Principal Place of Business

Mailing Address

**5075 NW 96 ST STE #D119
 LAUDERDALE FL 33319**

**P.O. BOX 8843
 FT LAUDERDALE FL 33310-8843**

2. Principal Place of Business

4163 SW 66 Lane

3. Mailing Address

P.O. BOX 8843

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT LAUDERDALE

City & State

DAVIE FLORIDA

City & State

FT LAUDERDALE FL

Zip

33314

Country

Broward

Zip

33310

Country

Broward

6. Name and Address of Current Registered Agent

GRIFFITHS, ARDEN O

**5075 NW 96 ST STE #D119
 LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

GRIFFITHS, ARDEN O

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

4163 SW 66 LANE

City

DAVIE

FL

Zip Code

33314

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

Arden Griffiths

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

**After May 1, 2002 Fee will be \$550.00
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITHS, ARDEN O	
STREET ADDRESS	5075 NW 96 ST STE #D119	
CITY-ST-ZIP	LAUDERDALE FL 33319	
TITLE	Arden O. Griffiths	<input type="checkbox"/> Delete
NAME	4163 SW 66 LANE	
STREET ADDRESS	DAVIE FL 33314	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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:

Arden Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

(954) 321-9804

Daytime Phone #