FILED
Jun 02, 2002 8:00 am
Secretary of State
05-13-2002 90148 040 ***150.00

[redacted]

- 33696

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059136

1. Entity Name

ASTHMA SINUS ALLERGY RESEARCH INSTITUTE, INC.

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2. Principal Place of Business		3. Mailing Address	
7800 SW 87th Avenue		7800 SW 87th Avenue	
Suite, Apt. #, etc.: C-340		Suite, Apt. #, etc.: C-340	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33173	Country: USA	Zip: 33173	Country: USA

4. FEI Number: 65-1123296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name: Jeffrey L. Cohen

Street Address (P.O. Box Number is Not Acceptable): 54 NE 4th Avenue

City: Delray Beach **FL** Zip Code: 33483

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
MORRIS BECK MD, PRESIDENT 7800 SW 87TH AVE SUITE C-340 MIAMI, FL 33173	
MARK YOUNG MD, SECRETARY 7800 SW 87TH AVE SUITE C-340 MIAMI FL 33173	
ELENA UBALS MD, TREASURER 7800 SW 87TH AVE SUITE C-340 MIAMI, FL 33173	**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE: ____________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #