

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 022 ***150.00

DOCUMENT # **PA1000099696**

1. Entity Name

IVAX LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4400 Biscayne Blvd.

3. Mailing Address
4400 Biscayne Blvd.

Suite, Apt. #, etc.
Attn: Carole I. Amster

Suite, Apt. #, etc.
Attn: Carole I. Amster

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33137

Country
USA

Zip
33137

Country
USA

4. FEI Number
08-1148620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

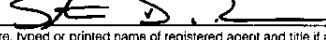
7. Name and Address of Current Registered Agent

Name
-Rubin, Steven D.

Street Address (P.O. Box Number is Not Acceptable)
4400 Biscayne Boulevard

City
Miami, FL Zip Code
33137

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.

Steven D. Rubin

2/26/02

(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
D/P
Flanzraich, Neil
4400 Biscayne Blvd., Miami, FL
33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
Rubin, Steven D.
4400 Biscayne Blvd., Miami, FL
33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
Beier, Thomas E.
4400 Biscayne Blvd., Miami, FL
33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Baily, David
4400 Biscayne Blvd., Miami, FL
33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Uppaluri, Rao
4400 Biscayne Blvd., Miami, FL
33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Nation, Marianne
4400 Biscayne Blvd., Miami, FL
33137

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

Steven D. Rubin

Date

2/26/02

305-575-6000

Daytime Phone #

CR2E034B (12/01)