

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90823 040 \*\*\*150.00

DOCUMENT # P01000099696

1. Entity Name  
VAX LABORATORIES, INC.



Principal Place of Business  
4400 BISCAYNE BLVD.  
MIAMI FL 33137

Mailing Address  
4400 BISCAYNE BLVD.  
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1198620

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RUBIN, STEVEN D  
4400 BISCAYNE BLVD.  
MIAMI FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME FLANZRAICH, NEIL  
STREET ADDRESS 4400 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

☒ Delete

TITLE P  
NAME Denness, Richard  
STREET ADDRESS 4400 Biscayne Blvd.  
CITY-ST-ZIP Miami, FL 33137

☐ Change ☒ Addition

TITLE DS  
NAME RUBIN, STEVEN D  
STREET ADDRESS 4400 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP  
NAME BEITER, STEVEN E  
STREET ADDRESS 4400 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

☒ Delete

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

☒ Change ☐ Addition

TITLE VR  
NAME BAILY, DAVID  
STREET ADDRESS 4400 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

☒ Delete

TITLE D  
NAME Flanzraich, Neil  
STREET ADDRESS 4400 Biscayne Blvd.  
CITY-ST-ZIP Miami, FL 33137

☒ Change ☐ Addition

TITLE T  
NAME UPPALURI, RAO  
STREET ADDRESS 4400 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS  
NAME NATION, MARIANNE  
STREET ADDRESS 4400 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SEVENTH REQUIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Rubin

Date

Daytime Phone #

305-575-6000

CR2E034 (10/02)