## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000114031

1. Entity Name

GALENOS RESEARCH CORPORATION

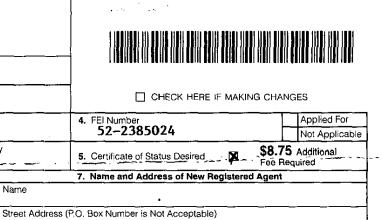
CMS INTERNATIONAL ENTERPRISES, INC.

2600 DOUGLAS RD STE 400 CORAL GBLES FL 33134



Principal Place of 2600 DOUGLAS RI CORAL GBLES FL	D STE 400	Mailing Address 2600 DOUGLAS RD STE 400 CORAL GBLES FL 33134			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
	6. Name and Address of Cu	irrent Registered Agent			
			Name		

May 01, 2003 8:00 am § Secretary of State 05-01-2003 90247 019 \*\*\*158.75



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.

City

SIGNATURE

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

Make Check Payable to Florida Department of State

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DE ARIZA, ASDRUBAL J 2600 DOUGLAS RD STE 400 CORAL GBLES FL 33134	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	ge 🚺 Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TORRES, CECILIA A 2600 DOUGLAS RD STE 400 CORAL GBLES FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	e [] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	e Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	e Addition

12. I hereby certify that the information supplied with this filing does not goldify 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 prifer like empowered.

**SIGNATURE:**