

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06901

1. Entity Name
IMX PHARMACEUTICALS, INC.

Principal Place of Business
2295 CORPORATE BLVD NW
BOCA RATON FL 33431

Mailing Address
2295 CORPORATE BLVD NW
BOCA RATON FL 33431

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

87-0394290

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORSTER, WILLIAM A.
2295 CORPORATE BLVD #131
BOCA RATON FL 33431

Name Same

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

City Boca Raton

FL

Zip Code 33431

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPCB
NAME FORSTER, WILLIAM A
STREET ADDRESS 2295 CORPORATE BLVD NW, SUITE 131
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME 200004721252-4
STREET ADDRESS -12/12/01--01081-011
CITY-ST-ZIP ****750.00 ****750.00

☐ Change ☐ Addition

TITLE S
NAME KAPLAN, LEONARD F
STREET ADDRESS 616 NW 112 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GROSS, DAVID
STREET ADDRESS 2771 NW 28TH STREET
CITY-ST-ZIP BOCA RATON FL

☐ Delete

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☐ Change ☐ Addition

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 duly empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 29 PM 4:12



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

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