

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13739

1. Entity Name

COLUMBIA LABORATORIES, INC.

Principal Place of Business

Mailing Address

2875 N.E. 191ST STREET, STE 400
AVENTURA FL 33180
US

2875 N.E. 191ST STREET, STE 400
AVENTURA FL 33180-2831
US

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

59-2758596

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

WEINBERG, DAVID L.
2875 N.E. 191 ST
STE 400
AVENTURA FL 33180

Name

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

City

FL

Zip Code

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	☐ Delete
NAME	MEIER, NORMAN M.	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VST	☐ Delete
NAME	WEINBERG, DAVID L.	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DC	☒ Delete
NAME	BOLOGNA, WILLIAM J.	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DVC	☒ Delete
NAME	BUONICONTI, NICHOLAS	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	☐ Delete
NAME	DOMINIQUE DE ZIEGLER	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	☐ Delete
NAME	LEVINE, HOWARD	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	D	☐ Change
NAME	STRAUSS, ROBERT C.	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	☐ Change
NAME	O'DONNELL, DENIS M.	
STREET ADDRESS	2875 NE 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	☐ Change
NAME	OSKOWITZ, SELWYN P.	
STREET ADDRESS	2875 NE 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	DVC	☐ Change
NAME	APOSTOLAKIS	
STREET ADDRESS	2875 NE. 191 STREET, STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

David L. Weinberg DAVID L. WEINBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-933-6080

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90360 021 ***150.00

914080



DO NOT WRITE IN THIS SPACE