

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088522

1. Entity Name

CHIASMA, INC.

FILED

01 FEB 13 PM 12:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

5930 A1A South
#7B

St. Augustine, FL 32080

Mailing Address

5930 A1A South
#7B

St. Augustine, FL
32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2000-2001 UBR

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4203840

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KEYSER, TIMOTHY
501 ATLANTIC AVE.
INTERLACHEN FL 32148

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 P
NAME MIGLIS, DIANNE
STREET ADDRESS 5930 A1A South, #7B
CITY-ST-ZIP St. Augustine, FL 32080

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

SIGNATURE:

TAXPAYER'S COPY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne Miglis, president

Date

Daytime Phone

2/10/2001

2002

LESLIE SELLERS
DOCUMENT SPECIALIST
REF. NUMBER P93000088522
LETTER NUMBER: 201A00000547
SUBJECT: CHIASMA, INC.

THIS IS MY 3RD RESPONSE.

THE REASON YOU DID NOT RECEIVE THE
DOCUMENT IN QUESTION IS BECAUSE I
NEVER GOT IT. THIS IS A TEMPORARY
ADDRESS AND I HAVE HAD SOME TROUBLE
WITH THE MAIL. ENCLOSED IS THE FEE
FOR THE YEAR 2001. HOPE THIS CLEARS
THINGS UP.

Dianne Migli