


2002 UNIFORM BUSINESS REPORT (UBR)

0317804 AV

DOCUMENT # P94000002894
 1. Entity Name
LEO PHARMA, INC.

FILED
02 SEP 26 AM 8:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
7820 PETERS ROAD **3109 STIRLING RD.**
SUITE E-100 **SUITE 101**
PLANTATION FL 33324 **FT. LAUDERDALE FL 33312**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

7820 Peters Road
Suite E-100
Plantation FL
33324-4006 *Broward*

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0469932 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEISSMAN & DERVISHI, P.A.
ATTN: JEFFREY M. WEISSMAN
3109 STIRLING RD., SUITE 101
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THOMSEN, GERHARD INDUSTRI PARKKEN 55 BALLERUP DE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KRUHOFFER, KURT 7820 PETERS RD., STE E-100 PLANTATION FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000008133780--0 -10/01/02--01061--018 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000008133780--0 -10/01/02--01061--019 ****400.00 ****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition General Manager Peter Kallestorp 7820 Peters Rd, Suite E-100 Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Financial Controller Grace Moses 7820 Peters Rd, Suite E-100 Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Grace Moses, Financial Controller* Date: *Sep 3, 2002* Daytime Phone #: *474-8174*

CR2E034 (9/01)