

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042175

1. Entity Name
BIOTECHNOLOGY MANAGEMENT ASSOCIATES, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90011 022 ***150.00

Principal Place of Business
300 NW 82ND AVENUE STE. 402
PLANTATION FL 33324

Mailing Address
300 NW 82ND AVENUE STE. 402
PLANTATION FL 33324

2. Principal Place of Business
7501 NW 4th Street
Suite, Apt. #, etc.
Suite 210
City & State
Plantation FL
Zip
33317
Country
US

3. Mailing Address
7501 NW 4th Street
Suite, Apt. #, etc.
Suite 210
City & State
Plantation FL
Zip
33317
Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0502808
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PILE, RUTH
300 NW 82ND AVENUE STE. 402
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name SILVESTRI, LOUI
Street Address (P.O. Box Number is Not Acceptable)
7501 NW 4th STREET
Suite 210
City Plantation FL Zip Code 33317

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 *Lou J. Silvestri* LOUI J. SILVESTRI PhD President 2/7/01
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, 2001 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	DPT SILVESTRI, LOUI 300 NW 82ND AVE., SUITE 402 PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PILE, RUTH 300 NW 82ND AVE., STE 402 PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7501 NW 4 th Street Plantation FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 210 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Lou J. Silvestri* LOUI J. SILVESTRI PhD 2/7/01 954-641-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (10/00)