**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P94000062493 1. Entity Name IVAX PHARMACEUTICALS NV. INC. 02-07-2002 90191 019 \*\*\*150.00 Mailing Address Principal Place of Business ATTN: CAROLE AMSTER, LEGAL ASST. ATTN: CAROLE AMSTER, LEGAL ASST. 140 LAGRAND AVE. 140 LAGRAND AVE. NORTHVALE NJ 07647 NORTHVALE NJ 07647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0547890 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rubin, StevenND. GILLESPIE. CAROL J Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Blvd. 4400 BISCAYNE BLVD. MIAMI-FL-33137-City **Miami** Zip Code 7 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME : HENEIN, RAFICK G NAME STREET ADDRESS STREET ADDRESS 4400 BISCAYNE BLVD. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME BEIER, THOMAS E 4400 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Delete ☐ Change Addition TITLE VΡ NAME NAME SIEGEL, JORDAN STREET ADDRESS STREET ADDRESS 4400 BISCAYNE BOULEVARD CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33137** DS 🔀 Change Addition Delete TITLE TITLE DS-Rubin, Steven D. NAME NAME GILLESPIE, CAROL J STREET ADDRESS 4400 BISCAYNE BLVD. STREET ADDRESS 4400 Biscayne Blvd. CITY-ST-ZIP MIAMI-FL-33137 CITY-ST-ZIP Miami, FL 33137 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME UPPALURI, RAO STREET ADDRESS STREET ADDRESS 4400 BISCAYNE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** TITLE ☐ Change Addition ☐ Delete TITLE NATION, MARIANNE H NAME NAME STREET ADORESS STREET ADDRESS 4400 BISCAYNE BOULEVARD CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33137** 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

STEVEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Rubin

Mylor

305-575-6000

Daytime Phone #





IVAX Corporation 4400 Biscayne Boulevard Miami, Florida 33137 Telephone: 305-575-6000

309682

January 21, 2002

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: IVAX Pharmaceuticals NV, Inc.

Gentlemen:

Enclosed herewith is the 2002 Uniform Business Report on behalf of the above-referenced corporation. Also enclosed is a check in the amount of \$150.00 to cover the filing fees.

Should you have any questions regarding the above, please do not hesitate to contact the undersigned directly at 305-575-6032.

Very truly yours,

**IVAX CORPORATION** 

Carole I. Amster Legal Assistant

Enclosures

cc: Bryan Lane