

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000033116

1. Entity Name

**IVAX PHARMACEUTICALS, INC.**

(f/k/a Zenith Goldline Pharmaceuticals, Inc.)

Principal Place of Business

**4400 Biscayne Boulevard**

**Miami, FL 33137**

**Attn: Carole I. Amster**

Mailing Address

**4400 Biscayne Boulevard**

**Miami, FL 33137**

**Attn: Carole I. Amster**

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

**65-0612572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Gillespie, Carol J.**  
**4400 Biscayne Boulevard**  
**Miami, FL 33137**

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

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent's 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEE ATTACHED LIST**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marianne Hurd Nation**

Date

Daytime Phone #

**305-575-6000**

**3/30/01**

CR2E034 (11/00)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90086 007 \*\*\*150.00

#P 9533116 Attachment  
A1045945

**2001 UNIFORM BUSINESS REPORT**  
**IVAX PHARMACEUTICALS, INC.**  
**Question 11**

D/P/CEO  
Henein, Rafick G.  
4400 Biscayne Boulevard, Miami, FL 33137

D  
Flanzraich, Neil  
4400 Biscayne Boulevard, Miami, FL 33137

VP  
Beier, Thomas E.  
4400 Biscayne Boulevard, Miami, FL 33137

VP-Scientific Affairs  
Mittleberg, Eric M.  
4400 Biscayne Boulevard, Miami, FL 33137

VP-Quality  
Kheir-Eldin, Adel  
4400 Biscayne Boulevard, Miami, FL 33137

VP-Finance  
Siegel, Jordan  
4400 Biscayne Boulevard, Miami, FL 33137

VP-Sales and Marketing  
West, Kim  
4400 Biscayne Boulevard, Miami, FL 33137

T  
Uppaluri, Rao  
4400 Biscayne Boulevard, Miami, FL 33137

D/S  
Gillespie, Carol J.  
4400 Biscayne Boulevard, Miami, FL 33137

AS  
Nation, Marianne Hurd  
4400 Biscayne Boulevard, Miami, FL 33137