

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90037 014 ***150.00

DOCUMENT # P95000051510
1. Entity Name
IMMUNOVISION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4400 Biscayne Boulevard

3. Mailing Address
4400 Biscayne Boulevard

Suite, Apt. #, etc.
Attn: Carole I. Amster

Suite, Apt. #, etc.
Attn: Carole I. Amster

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
68-0598135

Applied For
 Not Applicable

Zip
33137

Country
USA

Zip
33137

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Rubin, Steven D.

Street Address (P.O. Box Number is Not Acceptable)
4400 Biscayne Boulevard

City
Miami **FL** Zip
33137

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

Steven D. Rubin

2/28/02

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D/S
NAME
Rubin, Steven D.
STREET ADDRESS
4400 Biscayne Boulevard
CITY-ST-ZIP
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D/P
NAME
D'Urso, Giorgio
STREET ADDRESS
2140 North Miami Avenue
CITY-ST-ZIP
Miami, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
Steele, Duane
STREET ADDRESS
2140 North Miami Avenue
CITY-ST-ZIP
Miami, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VP/T
NAME
Deutsch, Mark
STREET ADDRESS
2140 North Miami Avenue
CITY-ST-ZIP
Miami, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
COO
NAME
Clark, Kevin
STREET ADDRESS
2140 North Miami Avenue
CITY-ST-ZIP
Miami, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven D. Rubin

2/28/02

Date

305-575-6000

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)