

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90087 016 ***550.00

0023839 AV

DOCUMENT # P960000380021. Entity Name
NOVONEURON, INC.Principal Place of Business
**2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**
Mailing Address
**2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

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 65-0779750		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**GELLER, JOSEPH S ESQUIRE
2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020****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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASH, DEBORAH C 2411 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GELLER, JOSEPH S 2411 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEARN, W.LEE 6321 SW 136 AVENUE FT. LAUDERDALE FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TYLER, M 1031 ALHAMBRA CIRCLE CORAL GBLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUEHNE, B P 100 SE 2ND ST, 3550 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALMERS, LYDIA 30310 RCR 14E STEAMBOAT CO 80477 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 another, is empowered.

SIGNATURE:**SIGNATURE REQUIRED**

CR2E034 (4/02)