

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0174395

DOCUMENT # P96000051070

1. Entity Name

BAYVIEW THERAPEUTICS OF MIAMI INC.

05-16-2001 90040 026 ***158.75

Principal Place of Business

**7105 COLLINS AVE
 MIAMI BEACH FL 33141
 US**

Mailing Address

**7105 COLLINS AVE
 MIAMI BEACH FL 33141
 US**

2. Principal Place of Business

1666 Kennedy Causeway

3. Mailing Address

1666 Kennedy Causeway

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

Miami-Dade

Zip

33141

Country

Miami-Dade

6. Name and Address of Current Registered Agent

**BARRIOS, VICTORIA
 1335 MONAD TERR
 MIAMI BCH FL 33139**

7. Name and Address of New Registered Agent

Name **Victoria Barrios**
 Street Address (P.O. Box Number is Not Acceptable)
825 Brickell Bay Drive
Apt # 1444
 City **Miami** FL Zip Code **33131**

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

Victoria Barrios **Victoria Barrios, President** **5/1/01**

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 **DP** ☐ Delete
 NAME **BARRIOS, VICTORIA**
 STREET ADDRESS **1335 MONAD TERR**
 CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **DST** ☐ Delete
 NAME **GOTLINSKY, DAVID**
 STREET ADDRESS **7950 TATUM WATEAWAY DR #6**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

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 **DP** ☒ Change ☐ Addition
 NAME **Barrios, Victoria**
 STREET ADDRESS **825 Brickell Bay Drive, Apt # 1444**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **DST** ☒ Change ☐ Addition
 NAME **Gotlinsky, David M.**
 STREET ADDRESS **7775 Chespi Blvd, Apt # 3**
 CITY-ST-ZIP **Miami Beach, FL 33141**

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

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:

Victoria Barrios **Victoria Barrios** **5/1/01** **305-759-3897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)