

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90130 012 \*\*\*158.75

**DOCUMENT # P96000051070**

1. Entity Name  
**BAYVIEW THERAPEUTICS OF MIAMI INC.**

Principal Place of Business  
**1666 KENNEDY CAUSEWAY**  
**SUITE 201**  
**MIAMI BEACH FL 33141**  
**US**

Mailing Address  
**1666 KENNEDY CAUSEWAY**  
**SUITE 201**  
**MIAMI BEACH FL 33141**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1440 Kennedy Causeway**  
 Suite, Apt. #, etc.  
**Suite 201**  
 City & State  
**Miami Beach, FL**  
 Zip  
**33141** Country  
**Miami-Dade**

3. Mailing Address  
**1440 Kennedy Causeway**  
 Suite, Apt. #, etc.  
**Suite 429-A**  
 City & State  
**Miami Beach, FL**  
 Zip  
**33141-4135** Country  
**Miami-Dade**

4. FEI Number **65-0686752** Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BARRIOS, VICTORIA**  
**825 BRICKELL BAY DRIVE APT #1444**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, VICTORIA		NAME		
STREET ADDRESS	825 BRICKELL BAY DRIVE APT #1444		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTLINSKY, DAVID		NAME		
STREET ADDRESS	825 BRICKELL BAY DRIVE APT #1444		STREET ADDRESS	1440 Kennedy Causeway, Suite 429A	
CITY-ST-ZIP	MIAMI FL 33141		CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **David Gotlinsky** **4/29/2002** **305-868-3773**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #