

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90260 029 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000053994

1. Entity Name
KOS PHARMACEUTICALS, INC.

Principal Place of Business

1001 BRICKELL BAY DR
25TH FLOOR
MIAMI FL 33131
US

Mailing Address

%HOLLAND & KNIGHT LLP
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0670898**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
STE. #3000
MIAMI FL 33131

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 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, 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

☐ Change ☒ Addition

TITLE **D** ☐ Delete
NAME **JAHARIS, MICHAEL**
STREET ADDRESS **1001 BRICKELL BAY DRIVE, 25TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P** ☐ Change ☒ Addition
NAME **Adams, Adriana**
STREET ADDRESS **45 Carnoustie Way**
CITY-ST-ZIP **Media, PA 19063**

TITLE **D** ☐ Delete
NAME **BELL, DANIEL M**
STREET ADDRESS **1001 BRICKELL BAY DRIVE, 25TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Change ☒ Addition
NAME **Mãdias, Nicolões**
STREET ADDRESS **60w Earina Road**
CITY-ST-ZIP **Newton, MA 02459**

TITLE **D** ☐ Delete
NAME **JAHARIS, STEVEN**
STREET ADDRESS **2800 LAKE SHORE DR., #2316**
CITY-ST-ZIP **CHICAGO IL 60657**

TITLE **S** ☐ Change ☒ Addition
NAME **Juanna Rodriguez**
STREET ADDRESS **1001 Brickell Bay Drive, 25th FL**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☐ Delete
NAME **WHITEMORE, FREDERICK B**
STREET ADDRESS **1251 AVE OF THE AMERICAS, 23FL**
CITY-ST-ZIP **NEW YORK NY 10020**

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

TITLE **D** ☐ Delete
NAME **BRADEMAS, JOHN**
STREET ADDRESS **53 WASHINGTON SQ S 3RD FL**
CITY-ST-ZIP **NEW YORK NY 10012-1098**

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

TITLE **D** ☐ Delete
NAME **LASAGNA, LOUIS C**
STREET ADDRESS **3538 ALBEMARLE ST, NW**
CITY-ST-ZIP **BOSTON MA 20008**

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:

Juan F. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

(305) 577-3464
 Daytime Phone #

CR2E034 (9/01)