

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024944

1. Entity Name

DISTINCT THERAPEUTICS, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90033 016 ***150.00

Principal Place of Business

735 NORTHEAST 72ND STREET
 MIAMI FL 33138

Mailing Address

735 NORTHEAST 72ND STREET
 MIAMI FL 33138

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

65-0737346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Rosemary De Faria

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

735 N.E. 72 St

City

Miami

FL

Zip Code

33138

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

Rosemary De Faria

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/18/00

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, 2000 Min. will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	DEFARIA, ROSEMARY	
STREET ADDRESS	735 NORTHEAST 72ND STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rosemary De Faria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
D#P97000024944
D0082336

DISTINCT THERAPEUTICS INC.
735 NE 72ND STREET
MIAMI, FLORIDA 33138

August 18, 2000

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Distinct Therapeutics Inc.
EIN 65-0737346

Gentlemen:

As the owner and sole director of the above referenced corporation, I am writing you to request reinstatement of this corporation. I am requesting a one-time waiver of any reinstatement fees for 2000 based upon the following reasons. I never received the 2000 Annual Report. This is the first time I have ever owned and operated a corporation, and I was not aware of this annual filing requirement. I would have filed the Annual Report if I had received it, but that was not the case. My accountant has since brought the annual filing requirement to my attention. I will file the Uniform Business Reports for future years in a timely manner (on or before May 1).

I have enclosed a completed 2000 Uniform Business Report, along with a check for \$150 payable to the Department of State representing the annual fee for the year 2000. Based upon the above information, please reinstate my corporation and grant me the one-time waiver of reinstatement fees. Thank you in advance for your cooperation.

Sincerely,


Rosemary De Faria

Enclosures