

2000 UNIFORM BUSINESS REPORT (UBR)

5/17/2000 09:28:01 6 ***150.00

DOCUMENT # P97000072061

1. Entity Name

D & R THERAPEUTICS, INC.

Principal Place of Business

7509 S.W. 6TH COURT
NORTH LAUDERDALE FL 33068

Mailing Address

7509 S.W. 6TH COURT
NORTH LAUDERDALE FL 33068-3810

2. Principal Place of Business

6410 Blvd of Champions
Suite, Apt. #, etc.
N/A

3. Mailing Address

6410 Blvd of Champions
Suite, Apt. #, etc.
N/A

City & State

NORTH LAUDERDALE FL

City & State

NORTH LAUDERDALE FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number:

65-0774000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGGIO, DORIS

7509 S.W. 6TH COURT
NORTH LAUDERDALE FL 33068

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

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, 2000 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 D
NAME RIGGIO, DON
STREET ADDRESS 7509 S.W. 6TH COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Riggio, DON - PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS 6410 Blvd of Champions
CITY-ST-ZIP North LAUDERDALE, FL 33068

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Don Riggio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000
Date

954
957-7203
Daytime Phone #

CR2E034 (9/99)