

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90237 012 ***150.00

DOCUMENT # P97000109042

1. Entity Name

BABOR INSTITUT CORP. PALM BEACH



Principal Place of Business
**340 ROYAL POINCIANA PLAZA
STE 301
PALM BEACH FL 33480**

Mailing Address
**C/O MOLLAND & KNIGHT LLP
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131**



2. Principal Place of Business

ABOVE

3. Mailing Address

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 303

City & State

City & State

PALM BEACH FL

Zip

Country

Zip

Country

33480

4. FEI Number

65-0803249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **CHAMBERLAIN, ILSE**
STREET ADDRESS **340 ROYAL POINCIANA WAY STE 301**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PS** ☐ Delete
NAME **CAIN, DR. PAUL**
STREET ADDRESS **340 ROYAL POINCIANA WAY #301**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **RIETFORT, HEINZ-DIETER**
STREET ADDRESS **340 ROYAL POINCIANA WAY #301**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **VOSSEN, DR. LEO P**
STREET ADDRESS **340 ROYAL POINCIANA WAY #301**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **KLEINE-TEBBE, JUTTA**
STREET ADDRESS **340 ROYAL POINCIANA WAY #301**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Feb 18, 2003

561-802-6160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)