

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000051956**

1. Entity Name

IVX BIOSCIENCE, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90043 046 ***150.00

Principal Place of Business

4400 Biscayne Boulevard
Miami, Florida 33137
Attn: Carole I. Amster

Mailing Address

4400 Biscayne Boulevard
Miami, Florida 33137
Attn: Carole I. Amster

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

63-0845412

Applied For

Not Applicable

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

Gillespie, Carol J.
4400 Biscayne Boulevard
Miami, Florida 33137

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

Carol J. Gillespie

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

Carol J. Gillespie

(NOTE: Registered Agent signature required when reinstating)

3/10/00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President and Director** ☐ Delete
NAME **Flanzraich, Neil**
STREET ADDRESS **4400 Biscayne Boulevard**
CITY-ST-ZIP **Miami, Florida 33137**

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

TITLE **VP and D** ☐ Delete
NAME **Beier, Thomas E.**
STREET ADDRESS **4400 Biscayne Boulevard**
CITY-ST-ZIP **Miami, Florida 33137**

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

TITLE **T** ☐ Delete
NAME **Siegel, Jordan**
STREET ADDRESS **4400 Biscayne Boulevard**
CITY-ST-ZIP **Miami, Florida 33137**

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

TITLE **S and D** ☐ Delete
NAME **Gillespie, Carol J.**
STREET ADDRESS **4400 Biscayne Boulevard**
CITY-ST-ZIP **Miami, Florida 33137**

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

TITLE ☐ Delete
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

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

TITLE **AS** ☐ Delete
NAME **Nation, Marianne Hurd**
STREET ADDRESS **4400 Biscayne Boulevard**
CITY-ST-ZIP **Miami, Florida 33137**

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol J. Gillespie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol J. Gillespie

Date

3/10/00

305-575

Daytime Phone #