

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90285 020 ***150.00

DOCUMENT # P98000051956



1. Entity Name
IVAX RESEARCH INSTITUTE, INC.

Principal Place of Business
**4400 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address
**4400 BISCAYNE BLVD.
MIAMI FL 33137**



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 **65-0845412**

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

**RUBIN, STEVEN D
4400 BISCAYNE BLVD.
MIAMI FL 33137**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	FLANZRAICH, NEIL	
STREET ADDRESS	4400 BICAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BEIER, THOMAS E	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RUBIN, STEVEN D	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	UPPALURI, RAO	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NATION, MARIANNE H	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bodor, Nicholas	
STREET ADDRESS	4400 Biscayne Boulevard	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flanzraich, Neil	
STREET ADDRESS	4400 Biscayne Boulevard	
CITY-ST-ZIP	Miami, FL 33137	
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		

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

Steven D. Rubin

Date

Daytime Phone #

305-575-6000

CR2E034 (10/02)