

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 023 ***150.00

DOCUMENT # P98000054429
1. Entity Name
IVX ONCOLOGY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4400 Biscayne Boulevard

3. Mailing Address
4400 Biscayne Boulevard

Suite, Apt. #, etc.
Attn: Carole I. Amster

Suite, Apt. #, etc.
Attn: Carole I. Amster

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33137

Country
USA

Zip
33137

Country
USA

4. FEI Number 63-0849499

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Rubin, Steven D.
Street Address (P.O. Box Number is Not Acceptable)
4400 Biscayne Boulevard

City **Miami** **FL** Zip **33137**

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 *Steven D. Rubin* **Steven D. Rubin**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/26/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
D/VP
Beier, Thomas E.
4400 Biscayne Blvd., Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/S
Rubin, Steven D.
4400 Biscayne Blvd., Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Flanzraich, Neil
4400 Biscayne Blvd., Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
Uppaluri, Rao
4400 Biscayne Boulevard
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Steven D. Rubin* **Steven D. Rubin**

2/26/02
Date

305-575-6000
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)