

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90002 046 ***150.00

DOCUMENT # P98000073030

1. Entity Name

APPLIED THERAPEUTICS, INC.

Principal Place of Business

Mailing Address

~~3529 N.W. 115TH AVENUE~~
~~MIAMI FL 33178~~

~~3529 N.W. 115TH AVENUE~~
~~MIAMI FL 33178~~

2. Principal Place of Business

3104 CHERRY PALM DRIVE

Suite, Apt. #, etc.

220

City & State

TAMPA, FLORIDA

Zip

33619

Country

USA

3. Mailing Address

3104 CHERRY PALM DRIVE

Suite, Apt. #, etc.

220

City & State

TAMPA, FLORIDA

Zip

33619

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3533541**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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 **C** ☐ Delete
NAME **BAUER, ALBERTO**
STREET ADDRESS **3529 N.W. 116TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
NAME **3104 CHERRY PALM DR. SUITE 220**
STREET ADDRESS **TAMPA FLORIDA 33619**
CITY-ST-ZIP

TITLE **PS** ☐ Delete
NAME **KENNEDY, JOHN L III**
STREET ADDRESS **8700 PEMBERTON OAKS CT.**
CITY-ST-ZIP **SEFFNER FL 33504**

TITLE ☐ Change ☐ Addition
NAME **3104 CHERRY PALM DR. SUITE 220**
STREET ADDRESS **TAMPA FLORIDA 33619**
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)