

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90294 036 \*\*\*158.75

0108493

**DOCUMENT # P98000105304**

1. Entity Name

**INTEGRATED THERAPEUTICS, INC.**

Principal Place of Business

1505 NW 112 WAY  
 PEMBROKE PINES FL 33026

Mailing Address

1505 NW 112 WAY  
 PEMBROKE PINES FL 33026

2. Principal Place of Business

200 5th Birch Rd.

3. Mailing Address

200 5th Birch Rd.

Suite, Apt. #, etc.

Apt # 511

Suite, Apt. #, etc.

Apt # 511

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33316

Country

Broward

Zip

33316

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NELSON, BRIAN H  
 777 BRICKELL AVE #900  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Brian Nelson, Brian HESQ at Aikman Senter Fitt  
 Street Address (P.O. Box Number is Not Acceptable) Sun Trust International Center One SE 3rd  
AVENUE 28th Floor  
 City Miami FL 33131-1714

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GACH, RICHARD E JR	
STREET ADDRESS	1505 NW 112 WAY	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	Gach Richard E JR	<input type="checkbox"/> Delete
NAME	200 5th Birch Rd Apt # 511	
STREET ADDRESS	Ft. Lauderdale FL 33316	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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

02/22/01 (305) 464-6411 pager #  
 02/22/01 (305) 464-2115 cell #

Date Daytime Phone #

CR2E034 (10/00)