

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90016 018 \*\*\*158.75

**DOCUMENT # P99000015445**

1. Entity Name

**INTERNATIONAL BIOSCIENCE CORPORATION**

Principal Place of Business

**777 S FLAGLER DR  
 #909  
 WEST PALM BEACH FL 33401**

Mailing Address

**777 S FLAGLER DR  
 #909  
 WEST PALM BEACH FL 33401**

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

**65-0894423**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HKE&F REGISTERED AGENT CORP.  
 2601 S. BAYSHORE DR., STE. 600  
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

**Tanya Greiner**

Street Address (P.O. Box Number is Not Acceptable)

**777 S. Flagler Dr**

**Ste # 909**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C THORNBURGH, DAVID B 426 W SAN MARINO DR MIAMI BEACH FL 33139-1136</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GOMEZ, SARA 262 WORTH CT S WEST PALM BEACH FL 33405</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FIGUEROA, JOAO A B 777 S FLAGLER DR #909 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FERRARI, ROSANNA 258 WORTH CT S WEST PALM BEACH FL 33405</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERRO, CARLA 262 WORTH COURT S WEST PALM BEACH FL 33405</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERRARI, ANDREA 205 EDMOR ROAD WEST PALM BEACH FL 33405</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Liporace, David L. 580 Village Blvd West Palm Beach, FL 33409</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Gomez DeFerra, Sara 262 Worth Ct S West Palm Beach, FL 33405</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Greiner, Tanya 65 Southeast Spanish Trail, Apt 103 Boca Raton, FL 33432</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sullivan, John 235 1/2 Greyhound Drive West Palm Beach FL 33405</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Herman, Loretta 2027 New Bedford Rd Springdale, NJ 07762</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**Sara Gomez de Ferro, Pres 4/9/02 561-366-8901**

Date

Daytime Phone #

CR2E034 (9/01)