

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 02, 2000 8:00 am
Secretary of State

05-02-2000 90016 008 ***150.00

DOCUMENT # P99000024029

1. Entity Name

STELLARIUM PHARMA, INC.

Principal Place of Business

258 SE 6 AVENUE
DELRAY BEACH FL 33483

Mailing Address

258 SE 6 AVENUE
DELRAY BEACH FL 33483

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

65-0911218

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

MANN, RICHARD H
258 SE 6 AVENUE
DELRAY BEACH FL 33483

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MANN, RICHARD H
258 SE 6 AVENUE
DELRAY BEACH FL 33483

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

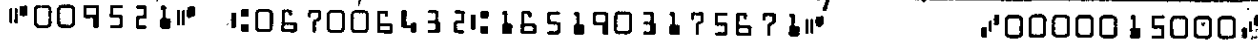
7-28-00

Date

(561) 276-0900

Daytime Phone #

19179



2056 1101176
 MAY 01 2000
 DO NOT SIGN / WRITE / STAMP / OR ALTER
 FOR FINANCIAL INSTITUTION USE ONLY
 ACC # 1010068796
 ORDER TO
 BANK OF AMERICA NA JAX
 05/08/00
 07408555933
 FEDERAL RESERVE BANK REGULATION CC
 Security features on this document include a Micro-Print
 Signature Line, Security Screen, and Currency Border.
 Absence of these features may indicate alteration.

DOC # P99000024029

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FOOT NOTES
FROM THE DESK OF

DR. RICHARD H. MANN
258 S.E. 6TH AVENUE
DELRAY BEACH, FL 33483

TELEPHONE 561-276-0900

7-7-00

See enclosed copy
of cancelled check # 9521
dated 4-21-00.

No further payment due.

RH Mann