2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036911

FILED
Jun 19, 2000 8:00 am
Secretary of State
05-26-2000 90037 009 ***150.00

1. Entity Name
SURGIKON PHARMA CORPORATION

Principal Place of Business	Mailing Address
4805 N.W. 79 AVE. STE. 4 MIAMI FL 33143	4805 N.W. 79 AVE. STE. 4 MIAMI FL 33166-5400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4850 N.W. 79AV, STE#4 (Suite, Apt. #, etc.)	P.O. BOX 668016 (Suite, Apt. #, etc.)
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-0922273 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVAS, MAGALY E
7865 CAMINO REAL #202
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: MAGALY E. RIVAS
Street Address (P.O. Box Number is Not Acceptable): 10885 N.W. 50ST.
STE 102
City: MIAMI FL Zip Code: 33178

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 MAGALY E. RIVAS 5/9/00
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MAGALY E. RIVAS PRESIDENT/CEO 4805 N.W. 79AV, STE 4 MIAMI, FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAGALY E. RIVAS PRESIDENT/CEO 4805 N.W. 79av, STE, MIAMI,FL 33166 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: MAGALY E. RIVAS 5/9/00 (305) 436-9959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #