

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90486 038 ***150.00

DOCUMENT # **P99000085387**

1. Entity Name

BIOLOGIC RESEARCH, INC.

Principal Place of Business

Mailing Address

7481 WEST OAKLAND PARK BLVD.

FORT LAUDERDALE, FL 33319

2. Principal Place of Business

3. Mailing Address

73 Curve Street

73 Curve Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Needham, MA

Needham, MA

Zip

Country

Zip

Country

02492

02492

4. FEI Number

65-0955412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

-\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGHK, DAVID G ESQ.

7481 WEST OAKLAND PARK BLVD.

FORT LAUDERDALE, FL 33319

Name

Florida Incorporators, Inc.

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

1221 Brickell Avenue, Suite 900

City

Miami, FL

FL

Zip Code
33131

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.

Mark Hankins, President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/00

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 ☐ Delete
NAME **D DEFALCO, JOHN**
STREET ADDRESS **7481 WEST OAKLAND PARK BLVD.**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33319**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **73 Curve Street**
CITY- ST- ZIP **Needham, MA 02492**

TITLE ☒ Delete
NAME **D HEALY, JENNIFER**
STREET ADDRESS **7481 WEST OAKLAND PARK BLVD.**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Delete
NAME **D SOHEIMER, BARRY**
STREET ADDRESS **7481 WEST OAKLAND PARK BLVD.**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(f), 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: **John DeFalco**

John DeFalco, Director

3/24/2000

(301) 529-8870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP/PC/24 10/00