

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90184 039 ***150.00

DOCUMENT # P99000090707

1. Entity Name

INDUSTRIAL HEALTH SCIENCES INC.

Principal Place of Business

Mailing Address

~~6250 N ANDREWS AVE~~
~~103A~~
FORT LAUDERDALE FL 33309
US

~~6250 N ANDREWS AVE~~
~~103A~~
FORT LAUDERDALE FL 33309
US

2. Principal Place of Business

2190 NE 59 CT

Suite, Apt. #, etc.

3. Mailing Address

2190 NE 59 CT

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

4. FEI Number

36-3937680

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

COHEN, ANDREW
6250 N ANDREWS AVE **2190 NE 59 CT**
103A
FORT LAUDERDALE FL 33309 **33308**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COHEN, ANDREW**
STREET ADDRESS ~~6250 N ANDREWS AVE 103A~~
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☒ Change ☐ Addition
NAME **2190 NE 59 CT**
STREET ADDRESS **Fort Lauderdale, FL 33308**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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

Andrew Cohen

Date

2/5/01

Daytime Phone #

954 776 0098

CR2E034 (10/00)