

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90082 030 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000090868 ✓  
 1. Entity Name  
 Kirk Pharmaceuticals, Inc.

639921

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 5317 N.W. 35th Terrace  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Ft. Lauderdale, FL

City & State  
 City & State

Zip Country  
 33309 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
 65-0955100 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 Allison Edwards

Street Address (P.O. Box Number is Not Acceptable)  
 5317 N.W. 35th Terrace

City Ft. Lauderdale FL Zip Code 33309

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 Allison Edwards Allison Edwards 4-8-02  
Signature, name or printed name of registered agent and this applicant. (NOTE: Registered Agent signature required for dissolution) (SEE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 P NAME Douglas Klein STREET ADDRESS 3997 Barbados Avenue CITY-STATE-ZIP Cooper City, FL 3306	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE V-D NAME Peter Tsai STREET ADDRESS 10060 N.W. 3 RD ST. CITY-STATE-ZIP PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE S/T-D NAME Allison Edwards STREET ADDRESS 5920 N.E. 28th Avenue CITY-STATE-ZIP Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, and all other, like empowered.

SIGNATURE: Douglas Klein 4/8/02 954-486-4590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0346 (12/01)

