

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.
 City & State
Ft. Lauderdale, FL
 Zip Country
33309 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

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 State Zip Code
Ft. Lauderdale FL 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) (Date)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)
 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 NAME STREET ADDRESS CITY-STATE-ZIP	P Douglas Klein 3997 Barbados Avenue Cooper City, FL 3306	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V-D Peter Tsai 10060 N.W. 3 RD ST. PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T-D Allison Edwards 5920 N.E. 28th Avenue Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

CR2E0346 (12/01)

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, are empowered.

SIGNATURE: Douglas Klein 4/8/02 954-486-4590
(Signature and typed or printed name of signing officer or director) (Date)

