9/15/00-90013-045-$155.00-$155.00

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095361

1. Entity Name
EINSTEIN'S INSTITUTE OF SCIENCE AND TECHNOLOGY.

FILED
00 OCT 27 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0078306

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 4794 NORTH CITATION DRIVE<br>SUITE 203<br>DELRAY BEACH FL 33445 | 4794 NORTH CITATION DRIVE<br>SUITE 203<br>DELRAY BEACH FL 33445 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3580 S. Ocean Blvd | P.O. Box 864 |
| Suite, Apt. #, etc.: Unit 3A | Suite, Apt. #, etc. |
| City & State: PALM BEACH | City & State: Palm Beach FL |
| Zip: FL 33480 County: Palm Beach | Zip: 33480 County: Palm Beach |

4. FEI Number: EIN 65-0458572 ☐ 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 |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Einstein I did not received first notice because I moved Sept. 8 2000
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 $550.00**
**After SEPTEMBER 13, 2000 Min. will be $750.00**
**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 | PD<br>EINSTEIN, GEORGE P PH.D.<br>4794 NORTH CITATION DRIVE SUITE 203<br>DELRAY BEACH FL 33445 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>PRZYBYL, ANNA M MD<br>4794 NORTH CITATION DRIVE SUITE 203<br>DELRAY BEACH FL 33445 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CHU, ERNEST<br>4794 NORTH CITATION DRIVE SUITE 203<br>DELRAY BEACH FL 33445 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TOBAL, JANE M<br>4794 NORTH CITATION DRIVE SUITE 203<br>DELRAY BEACH FL 33445 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>SP |

CR2E034 (5/00)

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 asterisk, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Sept. 8/2000 561 876 6796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #