

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90491 035 \*\*\*\*78.75

**DOCUMENT # N01000002157**

1. Entity Name  
**FAALAS INC.**



Principal Place of Business <b>C/O UNIVERSITY OF MIAMI VETERINARY RES 1600 NW 10TH AVE RM 1113 MIAMI, FL 33136</b>	Mailing Address <b>C/O UNIVERSITY OF MIAMI VETERINARY RES 1600 NW 10TH AVE RM 1113 MIAMI, FL 33136</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <b>C/O Primate Products, Inc. Suite, Apt. #, etc. 7780 NW 53rd Street</b>	3. Mailing Address <b>7780 NW 53rd Street Suite, Apt. #, etc.</b>
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33166-4102</b>	Country <b>US</b>
Zip <b>33166-4102</b>	Country <b>US</b>

4. FEI Number <b>59-3164152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>XX</b>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KOIVISTO, JULIE  
C/O UNIVERSITY OF MIAMI VETERINARY RES  
1600 NW 10TH AVE RM 1113  
MIAMI, FL 33136**

7. Name and Address of New Registered Agent  
Name **Donald Bradford**  
Street Address (P.O. Box Number is Not Acceptable)  
**7780 NW 53rd Street**  
Miami, Florida  
City **FL** Zip Code **33166-4102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald A. Bradford* **Donald A. Bradford** **4/11/03**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when existing.) DATE

**FILE NOW. FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE <b>VD</b>	NAME <b>CONKLE, FAITH</b>	<input type="checkbox"/>
STREET ADDRESS <b>4600 SAN PABLO RD</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32224</b>	
TITLE <b>PD</b>	NAME <b>BOBER, RAMONA</b>	<input type="checkbox"/>
STREET ADDRESS <b>MAIL CODE BIO-3</b>	CITY-ST-ZIP <b>KENNEDY SPACE CENTER, FL 32699</b>	
TITLE <b>SD</b>	NAME <b>KOIVISTO, JULIE</b>	<input type="checkbox"/>
STREET ADDRESS <b>1600 NW 10TH AVE RM 1113</b>	CITY-ST-ZIP <b>MIAMI, FL 33136</b>	
TITLE <b>D</b>	NAME <b>BRADFORD, DONALD</b>	<input type="checkbox"/>
STREET ADDRESS <b>7780 NW 53RD ST</b>	CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE <b>D</b>	NAME <b>SOTO, JOHN</b>	<input type="checkbox"/>
STREET ADDRESS <b>13000 BRUCE B. DOWNS BLVD (151)</b>	CITY-ST-ZIP <b>TAMPA, FL 33612</b>	
TITLE <b>TD</b>	NAME <b>MANETTA, SANDI</b>	<input type="checkbox"/>
STREET ADDRESS <b>12901 BRUCE D DOWNS BLVD MDC BOX 54</b>	CITY-ST-ZIP <b>TAMPA, FL 33612</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <b>PD</b>	NAME <b>Conkle, Faith</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>4500 San Pablo Rd.</b>	CITY-ST-ZIP <b>Jacksonville, FL 32224</b>		
TITLE <b>VD</b>	NAME <b>Mike Wilshire</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>101 Biomedical Research Facility</b>	CITY-ST-ZIP <b>Tallahassee, FL 32306-4341</b>		
TITLE <b>SD</b>	NAME <b>Koivisto, Julie</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>4523 Caddington Street</b>	CITY-ST-ZIP <b>Enon, Ohio 45323</b>		
TITLE <b>D</b>	NAME <b>Bradford, Donald</b>	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>7780 NW 53rd Street</b>	CITY-ST-ZIP <b>Miami, FL 33166-4102</b>		
TITLE <b>D</b>	NAME <b>Soto, John</b>	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>13000 Bruce B. Downs Blvd. (151)</b>	CITY-ST-ZIP <b>Tampa, FL 33612</b>		
TITLE <b>TD</b>	NAME <b>Manetta, Sandi</b>	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>12901 Bruce B Downs Blvd. MDC Box 54</b>	CITY-ST-ZIP <b>Tampa, FL 33612</b>		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramona Bober* **4/16/03** **(321) 476-4205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Florida #

CR2E037 (10/02)

Attachment  
90099516  
NO1000002157

**ADDENDUM TO 2003 NOT-FOR-PROFIT CORPORATION UNIFORM  
BUSINESS REPORT (UBR)**

Additional Changes to Officers and Directors in 10.:

D  
Ramona Bober  
Mail Code: BIO-3  
Kennedy Space Center, Florida 32899