

2001 UNIFORM BUSINESS REPORT (UBR)

10-00000

DOCUMENT # A25013

1. Entity Name

ORGALOGIC LTD.

FILED

01 JAN 16 PM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
25 SEABREEZE AVENUE, SUITE 302
DELRAY BEACH FL 33483

Mailing Address
25 SEABREEZE AVENUE, SUITE 302
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0081931

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULOVITS, IMRE
25 SEABREEZE AVENUE, #302
DELRAY BEACH FL 33483

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. Capital Contributions as Shown on record.

\$196,000.00

10. Amount of Capital Contributions in FLORIDA to date.

86035.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

P41010
ORGALOGIC MANAGEMENT INC
25 SEABREEZE AVE., #201
DELRAY BEACH FL

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300003576699--8
01/26/01 01053 021
***526.25 ***526.25

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Imre Paulovits
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/12/01
Date

(561) 243 6330
Daytime Phone #

CR2E003 (11/00)