

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 13 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

012010 AI

DOCUMENT # A25013

1. Entity Name
ORGALOGIC LTD.

Principal Place of Business Mailing Address

25 SEABREEZE AVENUE, SUITE 302 **25 SEABREEZE AVENUE, SUITE 302**
DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0081931** Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$196,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P41010 ORGALOGIC MANAGEMENT INC 25 SEABREEZE AVE., #201 DELRAY BEACH FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005134553--4
CITY-ST-ZIP	-03/19/02--01059--010 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **PAULOVITS, IMRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/06/02 **561 243 6330**
Date Daytime Phone #

CR2E003 (9/01)