


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012822
AT

DOCUMENT # A25013

1. Entity Name
ORGALOGIC LTD.



FILED
03 JAN 29 PM 1:07
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
Suite, Apt. #, etc.
City & State
Zip Country

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

DUE BY MAY 1, 2003

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

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 FL. 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
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	300011157393 01/29/03 01007-019 **526.25
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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:  **1/20/03 561-2436330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (10/02)

PLEASE CHECK HERE