## 2002 UNIFORM BUSINESS REPORT (UBR)

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE, LTD.  SECRETARY OPERATOR  SECRETARY OPERATOR  JACKS STREET  CO MARY IN TAMBE SECRETARY OPERATOR  SECRETARY OPERATOR  JACKS STREET  SANTA BARBANA CA 8705  Suite, Apt a 610:  DUE BY MAY 1, 2002  City & State  Cit	DOCUMENT # A9500000058  1. Entity Name  BONE MARROW/STEM CELL TRANSPLANT INSTITUTE, LTD.							OZ APR 23 PM 4: 36 SECRETARY OF STATE					
SAND STATE STREET SANTA BARBARA CA 89105  2. Principal Pace of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City &													
Suite, Apt. # etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DUE BY MAY 1, 2002  Applied for Not A State  City & State  City & State  City & State  City & State  City State  City & State  City FL Zip Code  City FL Zip	3820 STATE STREET C/O MARY H. YUMIBE SANTA BARBARA CA 93105 3820 STATE STREET				105								
City & State  Ci	Principal Place of Business     3. Mailing Address												
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Foo Requirement   S8.75 Additional Foo Requirement   Foo Req	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002						
2/p Country 2/p Country 5, Country 5, Country 5, Country 5, Conficate of Status Desired 58,75 Additional Free Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its rog stared office or registered agent, or both, in the State of Florida.  8. Capital Confidence of Registered Agent 10, Amount of Capital Contributions as Shown on record.  9. Capital Confidence of Registered Agent 10, Amount of Capital Contributions as Shown on record.  9. Capital Confidence of Registered Agent 10, Amount of Capital Contributions as Shown on record.  9. Capital Confidence of Registered Agent 10, Amount of Capital Contributions in the State of Florida.  9. Capital Confidence of Registered Agent 10, Amount of Capital Contributions in the State of Florida.  9. Capital Confidence of Registered Agent 11, INASE CHIECK PAYABLE TO DEPT, OF STATE Expended on the form; an amendment must be filed to change a general partner.  10. CAPITAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  10. CAPITAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 11, ADDRESS CHANG	City & State			City & State			4. FEI Number	65-0638328		-	• •		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  3. The above named entity submits this statement for the purpose of changing its rog stered office or registered agent, or both, in the State of Florida.  SIGNATURE  Symitum, typed or printed name of registered agent, or both, in the State of Florida.  SIGNATURE  Symitum, typed or printed name of registered agent, or both, in the State of Florida.  A Capital Contributions as Shown or record.  \$49,000.00  10, Amount of Capital Contributions in FLORIDA to date:  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  COUMBRIT / MAKE  BOOK MARROW/STEM CELL TR. INST: OF FL.,INC  STREET ADDRESS  COTY-ST-ZIP  -04/30/102—010144—016  ***********************************	Zip	Country	Zi	ρ	ntry	5. Certificate of Status Desired S8.75 Additional							
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 System of Particle Agents of Particle Agents of the Agent and the Agent		6. Name and Address of Currer	t Registe	red Agent			7. Name and A	Address of New Rec	istered Ag	jent		1	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	CT CORP	ORATION SYSTEM				Name							
City FL Zip Code  3. 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  Special Contributions SH49,000.00 10. Amount of Capital Contributions Shown on record.  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 filled to change a general partner.  COUMENT AME  MAKE  TREET ADDRESS  COUMENT AME  ACTIVES TO BE ADDRESS CHANGES ONLY  STREET ADDRESS  COUMENT AME  ACTIVES TO BE ADDRESS CHANGES ONLY  STREET ADDRESS  CITY ST- ZIP  COUMENT AME  MAKE  TREET ADDRESS  COUMENT AME  ACTIVES TO BE  COUMENT AME  COUMENT AME  ACTIVES TO BE  COUMENT AME  C						Street Address	P.O. Box Number	is Not Acceptable)					
3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida.  SiGNATURE  Signature, hydrod or printed name of registered agent are 35th of applicable.  10. A Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT, OF STATE SE REVERSES SIDE FOR FEE INFORMATION  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  BONE MARROW/STEM CELL TR. INST. OF FL,INC  STREET ADDRESS  CHY-ST-ZIP  -04/30/10201044016  ***********************************	PLANTATION FL 33324								,			1	
10. 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   Sign						City			FL	Zip Co	ode	1	
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