

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0200002666</b> 1. Entity Name <b>BIO SAFETY USA, INC.</b>		
Principal Place of Business <b>2525 POINCIANA DRIVE                  WESTON, FL 33327</b>		Mailing Address <b>2525 POINCIANA DRIVE                  WESTON, FL 33327</b>
2. Principal Place of Business <b>10218 NW 50ST</b>	3. Mailing Address <b>10220 NW 50 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>SUNRISE, FL</b>		City & State <b>SUNRISE, FL</b>
Zip <b>33351</b>	Country <b>USA</b>	4. FEI Number <b>01-0578634</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>J. MICHAEL MAGEE                  1132 S.E. 2ND AVENUE                  FORT LAUDERDALE, FL 33316</b>		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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when a company) DATE</small>		
9. Election Campaign Financing Trust Fund Contributions. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete <b>RUSH, KENNETH                  10220 N.W. 60TH STREET                  SUNRISE, FL 33351</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete <b>NIEDERMAIER, HEINZ                  2626 POINCIANA DRIVE                  WESTON, FL 33327</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP <b>10220 NW 50ST                  SUNRISE, FL 33351</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(c), 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 607, 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 empowerings.		
SIGNATURE: _____ <small>SIGNATURE AND TITLE OF PERSON MAKING OR SIGNING OFFICER OR DIRECTOR</small>		_____ KENNETH P RUSH 4/30/03 954-578-1990 <small>DATE</small>

11040615



CHECK HERE IF MAKING CHANGES

CREATED BY (10/02)