

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90015 037 ***158.75

DOCUMENT # P94000074832

1. Entity Name

Biological Research & Investment Corporation

Principal Place of Business	Mailing Address
444 Brickell Ave. Suite #51-246 Miami, FL 33131	444 Brickell Ave. Suite #51-246 Miami, FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0530845	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

IBC Fiduciary Inc.
100 S.E. 2nd St.
Suite #2315
Miami, FL 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Jensen, C.	
CITY - ST - ZIP	444 Brickell Av., #51-246 Miami, FL 33131	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	PTD Henning, U.	
CITY - ST - ZIP	100 S.E. 2nd St., #2315-A Miami, FL 33131	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	AS Dellavedova, A.	
CITY - ST - ZIP	444 Brickell Ave., #51-246 Miami, FL 33131	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	DS Smejda, L.	
CITY - ST - ZIP	100 S.E. 2nd St., #2315-A Miami, FL 33131	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/20/00** **(305)358-9995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**