

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90005 010 \*\*\*158.75

**DOCUMENT # P94000074832**  
 1. Entity Name  
**BIOLOGICAL RESEARCH & INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
**444 BRICKELL AVE., SUITE 51-246** **444 BRICKELL AVE., SUITE 51-246**  
**MIAMI FL 33131** **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**444 BRICKELL AVENUE** **444 BRICKELL AVENUE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#51-246** **#51-246**  
 City & State City & State  
**MIAMI, FL** **MIAMI, FL**

Zip Country Zip Country  
**33131** **US** **33131** **US**  
 4. FEI Number **65-0530845** Applied For  
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required  
 Not Applicable

## 6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.**  
**100 S.E. 2ND STREET**  
**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, 2002 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 STREET ADDRESS CITY-ST-ZIP	<del>D-</del> <b>JENSEN, C.</b> <b>444 BRICKELL AVENUE, SUITE 51-246</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>HENNING, U</b> <b>100 SE 2ND ST. #2315</b> <b>MIAMI FL, 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CAS</del> <b>DELLAVEDOVA, A.</b> <b>100 SE 2ND STREET 2315</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMEJDA, L</b> <b>100 S.E. 2ND ST., #2315</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENSEN, C.</b> <b>444 BRICKELL AVENUE, #51-246</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-AS</b> <b>DELLAVEDOVA, A.</b> <b>100 S.E. 2nd St., #2315</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **9/26/02 (305) 358-9995**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)