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**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91329 016 \*\*\*150.00

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

DOCUMENT # **P 960000 22831**  
1. Entity Name:  
**D.S. BISCAVNE, INC.**

**DO NOT WRITE IN THIS SPACE**

**38590**

2. Principal Place of Business: **2785 NE 183 ST.**  
3. Mailing Address: **2785 NE 183 ST.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **MIAMI FL 33160** City & State: **MIAMI FL 33160** 4. FEI Number: **65-6219848** Applied For:  Not Applicable  
Zip: **33160** Country: **USA** 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: **MARIE A. DICOWDEN Ph.D.**  
Street Address (P.O. Box Number is Not Acceptable): **2785 NE 183 ST.**  
City: **MIAMI FL** Zip Code: **33160**

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: *Marie A. Dicowden, Ph.D.*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so (See schedule on back)  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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-STATE-ZIP	<b>PRESIDENT MARIE A. DICOWDEN, Ph.D. 2785 NE 183 ST MIAMI FL 33160</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowers.  
SIGNATURE: *Marie A. Dicowden, Ph.D.* Date: **5/1/02** Original Filing #: **305-932-8994**

*Stamped in her absence to avoid delay*

CR200348 (12/01)