

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90012 048 ***150.00

DOCUMENT # 658683

1. Entity Name

BIO-DATA, INC.

Principal Place of Business

**540 NW 107TH AVE
FT LAUDERDALE FL 33324
US**

Mailing Address

**P.O. BOX 16026
FT LAUDERDALE FL 33318-6026
US**

2. Principal Place of Business

1430 SW 106th Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

Zip

33324

Country

USA

Zip

Country

4. FEI Number

59-1992669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMAN JEROME
7820 PETERS ROAD E103
PLANTATION FL 33324**

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

Susanne Walder

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALDER, SUSANNE	
STREET ADDRESS	540 NW 107TH ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALDER, SUSANNE	
STREET ADDRESS	10242 NW 47TH ST, SUITE 11	
CITY - ST - ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	WALDER, SUSANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRES	
STREET ADDRESS	1430 SW 106th Terrace	
CITY - ST - ZIP	FT LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susanne Walder, Pres **1-17-00 (454) 423-8848**

CR2E034 (9/99)