

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004110

FILED
Jan 10, 2003
Secretary of State

Entity Name: SYMBIOS CAPITAL INC.

Current Principal Place of Business:

701 BRICKELL AVENUE, SUITE 2410
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE, SUITE 2410
MIAMI, FL 33131

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: ORTEGA, JOSE MANUEL
Address: 701 BRICKELL AVE., SUITE 2410
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: LUENGO, MODESTO
Address: 701 BRICKELL AVE., SUITE 2410
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: PONCE, OSWALDO
Address: 701 BRICKELL AVE., SUITE 2410
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: MOREL, JOHN V
Address: 701 BRICKELL AVE., SUITE 2410
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSWALDO PONCE

VD

01/10/2003

Electronic Signature of Signing Officer or Director

Date