

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G73255**
 1. Entity Name
BIOTRON INTERNATIONAL, INC

FILED
Apr 23, 2000 8:00 am
Secretary of State
 04-23-2000 90017 048 ***150.00

Principal Place of Business Mailing Address
200 BEACH RD SUITE 502
TEQUESTA FL 33469-2894

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

4. FEI Number **59-2402987** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHN F. McROBERTS
200 BEACH RD STE 502
TEQUESTA, FL 33469-2894

7. Name and Address of New Registered Agent
 Name **N/A**
 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.

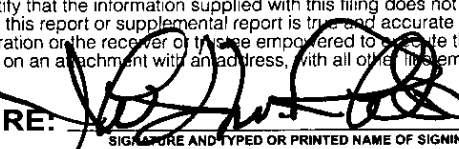
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ Delete
 NAME **PRESIDENT, S, T**
 STREET ADDRESS **JOHN F. McROBERTS**
 CITY-ST-ZIP **200 BEACH RD STE 502**
TEQUESTA FL 33469-2894
 TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP
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 TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP
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 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 file 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 lines empowered.

SIGNATURE:  **JOHN F. McROBERTS** 4-16-00 561 746-4818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)