

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007268

1. Entity Name  
BIOKIND TOURS, LLC

FILED

01 MAR 30 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
505 OLIVER ROAD  
VENUS FL 33960-2904

Mailing Address  
505 OLIVER ROAD  
VENUS FL 33960-2904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

USA

4. FEI Number

65-1024094

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00, Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIRD, STEVEN K ESQ.  
6301 BISCAYNE BLVD., SUITE 208  
MIAMI FL 33138

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
CAPTAIN W. K. MILLER  
505 OLIVER RD  
VENUS, FL 33960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300003993449--3  
-04/12/01--01021--022  
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TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Captain W. K. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/01

Date

Daytime Phone #

888-290-5424

CR2E083 (11/00)