

FILED

Jun 10, 2002 8:00 am
Secretary of State

05-08-2002 90073 015 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019642

1. Entity Name

BIOTHREAT DETECTION SYSTEMS INTERNATIONAL, LLC

Principal Place of Business

108 SE 8TH AVE., STE. 114
FORT LAUDERDALE FL 33301

Mailing Address

108 SE 8TH AVE., STE. 114
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1158846

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, SHAWN T
108 SE 8TH AVE., STE. 114
FORT LAUDERDALE FL 33301

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Managing Member
Shawn T. Wells
108 SE 8TH AVE., STE 114
Ft. Lauderdale, FL 33301TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE

[Signature]

4/24/02

954 764-7169

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

Date

Daytime Phone #

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