LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032284

1. Entity Name

BIOLAT LLC



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2. Principal Place			3. Mailing Address						
2665 S. Bay	yshore Drive	2665 S. Ba	yshore Drive						
Suite, Apt. #, e Suite 703	tc.	Suite, Apt. #, etc Suite 703							
City & State Miami, Flo	orida	City & State Miami, F1	orida	4. FEI Number 06–1662936					
Zip 33133	Country USA	Zip 33133	Country USA	5. Certificate of Stat					

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
World Corporate Services, Inc.	
Street Address (PO: Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703	

Miami, 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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS \$50.00 Make Check Payable to Florida Department of State

		DUE BY MAY 1	
9.	MANAGING MEMBERS/MANAGERS		en e
TITLE NAME	Manager Lacroze, Lorenzo	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	2665 S. Bayshore Drive, #703 Miami, Florida 33133	STREET ADDRESS CITY-ST-ZIP	
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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.

Lorenzo Lacroze 3/26/03 (305) 858-9900

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

Date

Daytime Phone #