

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90106 004 ***150.00

0159725 AV

DOCUMENT # L29267

1. Entity Name
BIO CHEMICAL TECHNOLOGIES, INC.

Principal Place of Business
448 HOLIDAY DR
HALLENDALE FL 33009

Mailing Address
448 HOLIDAY DR
HALLENDALE FL 33009

2. Principal Place of Business
965 NW 202 LANE

3. Mailing Address
965 NW 202 LANE

Suite, Apt. #, etc.

City & State
Pembroke Pines FLA

City & State
Pembroke Pines FLA

Zip
33029

Country
USA

Zip
33029

Country
USA

4. FEI Number **65-0193195**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NANOIA, MAURICE JR
448 HOLIDAY DR
HALLENDALE FL 33009

7. Name and Address of New Registered Agent

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 **MAURICE NANOIA JR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	NANOIA, MAURICE JR.	448 HOLIDAY DR	HALLENDALE FL 33009	<input type="checkbox"/>
	STD	NANOIA, NICOLE MARLENE	448 HOLIDAY DRIVE	<input type="checkbox"/>
		HALLENDALE FL 33009		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MAURICE NANOIA JR	965 NW 202 LANE	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	NANOIA, NICOLE MARLENE	965 NW 202 LANE	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 execute 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 like empowered.

SIGNATURE: **MAURICE NANOIA JR** **1/11/02** **538-8744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)