## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002868  1. Entity Name BIOMATE HOLDINGS, LLC					FIL	.ED		
				00 JAN 25 PM 2: 46				
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
5301 CONROY ORLANDO FL	Y ROAD. SUITE 140 32811	5301 CONROY ROAD. SUITE 140 ORLANDO FL 32811-3551		TALLAHASSEE, FLORIDA				
6 Dia-1-15		3. Mailing Address						
2. Principal Place of Business		3. Maining Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 59-3570//5AP	PHED FOR	1 1 1	plied For	
Zíp	Country	Zip	Country	== 5.=Certificate of Status		\$ <b>5,00</b> _Ado Fee Required	it Applicable litional d	
	6. Name and Address of Current F	Registered Agent		7. Name and Addres	s of New Registere			
			Name					
LANE, PAUL CAMP 5301 CONROY ROAD, SUITE 140			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32811								
) · · · ·			City		F	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regist	tered agent, or both, in the	State of Florida.	,		
SIGNATURE .	Signature, typed or printed name of registered agent a	ed title if applicable (NOT	E: Registered Agent signature requi	irad udan reinstation)	DATE			
	signature, typed or printed name or registered agent a	nd the il applicable. (NO)	E. Hegistered Agent signature requi	red with remistating)	DAIL			
		•	OW!!! FEE IS \$50.00					
	,	Make Check Pa	yable to Department	of State	,			
9.	MANAGING MEMBE	RS/MEMBERS	10.	Α	DDITIONS/CHANG	ES	-	
TITLE	MGR	- Deleta	TITLE			Change	Addition	
NAME STREET ADDRESS	DAKKAK, ALI M 5301 CONROY ROAD, SUITE 140	·	NAME STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32811		CITY- ST- XIP	<del></del>		☐ Channa	Addition	
TITLE NAME		<b>∟ Delete</b>	TITLE		നത്തി 1	☐ Change		
STREET ADDRESS			STREET ADDRESS	enn	00311; -01/27/00-	-01009	008	
_CITY: \$T:ZIP		<u> </u>	CITY: \$T; ZIP		<u>*****50.0</u>	<u></u>	5 <u>0.</u> 00	
TITLE		Delets	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME 8TREET ADDRESS			•		
CITY- 8T- ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	•		Change	Addition 🗀	
NAME ATTICKT ADDRESS	,		NAME STREET ADDRESS					
STREET AUDRESS CITY-ST-ZIP			CITY- ST- ZIP					
TITLE		Delete	TITLE			Change	Addition	
NAME	,		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
			TITLE	<del></del> -		Change	☐ Addition	
TITLE NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY- 8T- ZIP					
indicated	certify that the information supplied with lon this report is true and accurate and in ability company or the receiver or trustee	that my signature chall have	the same legal effect as it	f made under oath; that I a	im a managing mem	certify that the in ober or manage	ntormation r of the	