FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED

02 JUL -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800006445938--3
-07/16/02--01041--003
*****26.25 *****26.25

DOCUMENT # M00861

1. Entity Name

Bio Therapeutics, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1850 N.W. 69th Ave.	Same
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.
City & State: Plantation	City & State
Zip: 33313 Country: USA	Zip Country

4. FEI Number: 59-2431750 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David D. Mundschenk

Street Address (P.O. Box Number is Not Acceptable): 504 S.E. 2nd Avenue

City: Dania FL Zip Code: 33004

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

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	
P, CEO, D Suzanne Mundschenk 504 S.E. 2nd Avenue Dania, FL 33004	800006445938--3 -07/16/02--01041--004 *****35.00 *****35.00
	DO NOT WRITE
	IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Mundschenk 6/3/02 (954) 321-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #