

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90059 027 \*\*\*150.00

DOCUMENT # P00000033396

1. Entity Name

Bioguan Research Group

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12995 NE 7 Ave

Suite, Apt. #, etc.

3. Mailing Address

2514 Hollywood Blvd

Suite, Apt. #, etc.

# 508

DO NOT WRITE IN THIS SPACE

City & State

N. Miami, FL

City & State

Hollywood, FL

4. FEI Number

65-0095579

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Schwartz

Street Address (P.O. Box Number is Not Acceptable)

2514 Hollywood Blvd.

Suite 508

City

Hollywood

State

FL

Zip Code

33020

**DO NOT WRITE  
IN THIS SPACE**

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 Pres.  
NAME Edward Jewett  
STREET ADDRESS 12995 N.E. 7th Ave.  
CITY-ST-ZIP N. Miami, FL 33161

TITLE V Pres.  
NAME Charles Jewett  
STREET ADDRESS 12995 N.E. 7th Ave.  
CITY-ST-ZIP N. Miami, FL 33161

TITLE D  
NAME Andrea Greco  
STREET ADDRESS 12995 N.E. 7th Ave.  
CITY-ST-ZIP N. Miami, FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)