FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90234 049 ***150.00

DOCUMENT # P00000038230

1. Entity Name
CYTOREX BIOSCIENCES INC.

DO NOT WRITE IN THIS SPACE 11016652

2. Principal Place of Business	3. Mailing Address
4474 WESTON ROAD	4474 WESTON ROAD
Suite, Apt. #, etc. Nº 108	Suite, Apt. #, etc. Nº 108
City & State WESTON FL	City & State WESTON FL
Zip 33331 Country USA	Zip 33331 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1007796 ☐ 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 CARLOS M. GARCIA

Street Address (P.O. Box Number is Not Acceptable) 4474 WESTON ROAD Nº 108

City WESTON FL Zip Code 33331

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 _____ Carlos M. Garcia 04/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & CEO	TITLE	
NAME	DAVID MARNUCCI	NAME	
STREET ADDRESS	4474 WESTON ROAD #108	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE	VICE PRES, SECT & TREASURER	TITLE	
NAME	WILLIAM JIMENEZ	NAME	
STREET ADDRESS	4474 WESTON ROAD #108	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	CARLOS M. GARCIA	NAME	
STREET ADDRESS	4474 WESTON ROAD #108	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M. GARCIA. 04/22/03 954-993-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #