Applied For Not Applicable

\$8.75 Additional

FILED Sep 05, 2001 8:00 am Secretary of State 09-05-2001 90004 026 ***550.00

BIOCOPS BIOTECHNOLOGY CORP.	- 1			
Principal Place of Business	Mailing Address			
80 UNO LAGO DRIVE GUNO BEACH FL 33408	, 26-UNO-LAGO-DRIV E JUNO-BEACH FL 33408			
2. Principal Place of Business	3. Mailing Address			
120 OCEAN DUNES CIRCLE	120 OCEAN DUNES CIRCLE			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

zip 334

SPIEGEL & UTRERA, P.A.

343 ALMERIA AL'ENUE CORAL GABLES FL 33134

SIGNATURE:

Country

V.S.A.

6. Name and Address of Current Registered Agent

P00000038528

CIRCLE

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

WessoN

Dunes

4. FEI Number 65-1000

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

<u> </u>		TUP ITC	R	FL 29 3	デ ィック	
8. The above named entity submits this statement for the purpose of	f changing its registered	office or registered ag	gent, or both, in the State of Flori	ida.		
SIGNATURE THOMAS WESSON Signature, typed or printed name of registared agent and title if applicable.	7-	ent signature required when r	lesson.	ida. <u>8/38/00</u>		
Tax filling requirement and elects to do so. (See criteria on back) After So Make (FILE NOW!!! FEE IS eptember 12, 2001 Fec Check Payable to Depa	will be \$750.00	10. Election Campaign Final Trust Fund Contribution.	° _ ~	00 May Be d to Fees	
11. OFFICERS AND DIRECTORS	12.	AE	ODITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11	
NAME WESSON, THOMAS W	Delete TITLE NAME STREET A CITY-ST-			☐ Change	Addition	2E034 (5/01)
NAME WESSON, CAROLYN R	Delete TITLE NAME STREET A 33477 CITY-ST-		•	. Change	Addition	
	Delete TITLE			☐ Change	_ Addition	+
NAME STREET ADDRESS CITY-ST-ZIP	-NAME	DDRESS	7			
NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREET A CITY-ST-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREET AI CITY-ST-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREET AI CITY-ST-			☐ Change	Addition	٠.
13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accurrence of the corporation or the receiver or trustee empowered to execu changed, or on an attachment with an address, with all other like	ate and that my signature	chall have the came I	logal offect so if made under est	th, that I am an afficar	or director	

Country

UISA,

THOM AS

BCEAN