

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040922

1. Entity Name

BIOPATHICS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90372 047 ***150.00

Principal Place of Business

30 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

Mailing Address

30 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

30 MARLWOOD LANE
Suite, Apt. #, etc.

3. Mailing Address

7100 39 FAIRWAY DR. #305
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

P.B.G., FL

City & State

Palm Beach Gardens, FL

4. FEI Number

651000920

Applied For

Not Applicable

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

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

6. Name and Address of Current Registered Agent

BRODY, ROBERT
1601 FORUM PLACE
SUITE 304
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** ☐ Delete
NAME **TABER, JAMES**
STREET ADDRESS **30 MARLWOOD LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Taber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

Daytime Phone #

CR2E034 (10/00)