

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90177 032 \*\*\*150.00

0269834 AV

**DOCUMENT # P00000103192**

**1. Entity Name**  
**BIO-BEHAVIORAL CORP.**

**Principal Place of Business**

**352 NE 16TH STREET**  
**SUITE B**  
**MIAMI FL 33162**  
**US**

**Mailing Address**

**PO BOX 700731**  
**N. MIAMI BEACH FL 33170**  
**US**



**2. Principal Place of Business**

**352 NE 167 ST.**

**3. Mailing Address**

**PO Box 700731**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

**4. FEI Number**

**65-1058802**

Applied For

Not Applicable

Zip

**33162**

Country

**US**

Zip

**33170**

Country

**US**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**JEREZ, AMINA L**  
**352 NE 167TH STREET**  
**MIAMI FL 33170**

**7. Name and Address of New Registered Agent**

Name

**SAMIR G. JEREZ**

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

**352 NE 167 ST, STE B**

City

**MIAMI**

**FL**

Zip Code

**33162**

**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**

**SAMIR G. JEREZ, PRES.**

**4/26/02**

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, 2002 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** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSD**  
**JEREZ, SAMIR E**  
**352 NE 167TH STREET, SUITE B**  
**MIAMI FL 33162**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VPD**  
**JEREZ, AMINA**  
**352 NE 167TH STREET, SUITE B**  
**MIAMI FL 33162**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**JEREZ, FRANCES E**  
**352 NE 167TH STREET, SUITE B**  
**MIAMI FL 33162**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**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**

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

**SAMIR G. JEREZ**

**04/26/02**

**305 944-2282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/01)