

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

YEAR 2002

DOCUMENT # P01000005958

1. Entity Name

ENGINEERING BIOTECH SYSTEMS, INC.

FILED

02 MAY 30 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9016 Villa Portofino Circle

Suite, Apt. #, etc.

3. Mailing Address

9016 Villa Portofino Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip
33496

Country
USA

City & State

Boca Raton, FL

Zip
33496

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TAX MANAGEMENT CORP. c/o Anthony V. Salerno

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

9016 Villa Portofino Circle

City

Boca Raton

FL

Zip Code
33496

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: TAX MANAGEMENT CORP.
ANTHONY V. SALERNO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President/CEO/Treasurer
Anthony V. Salerno
9016 Villa Portofino Circle
Boca Raton, FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300005729633--4
-06/11/02--01002--006
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300005729633--4
-06/11/02--01002--007
*****8.75 *****8.75

TITLE
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Letter to waive late fee
with Rev. of D-SS.
SP

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: ANTHONY V. SALERNO (561)
ANTHONY V. SALERNO President 5/28/2002 218-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #