

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90299 046 ***158.75

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DOCUMENT # P01000031828

1. Entity Name
SYMBIOS, INC.



Principal Place of Business
**540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH FL 33060**

Mailing Address
**540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1107505**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUMORE, C. ANTHONY
540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH FL 33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May-1-2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUMORE, C. ANTHONY	
STREET ADDRESS	540 EAST MCNAB ROAD, SUITE D	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENEREO, MIGUEL	
STREET ADDRESS	14700 SUNSET LANE	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VENEREO, MARIA C	
STREET ADDRESS	14700 SUNSET LANE	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	
TITLE	T	<input type="checkbox"/> Delete
NAME	VENEREO, MICHELLE M	
STREET ADDRESS	14700 SUNSET LANE	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	
TITLE	S	<input type="checkbox"/> Delete
NAME	VENEREO, BARBARA M	
STREET ADDRESS	14700 SUNSET LANE	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MIGUEL VENEREO, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)