

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 015 ***150.00

DOCUMENT #P01000031966

1. Entity Name

BIOCYTE LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE

870186

2. Principal Place of Business 5721 Hallandale Bch Blvd Suite, Apt. #, etc. C2 City & State Hallandale FL Zip 33023 Country USA		3. Mailing Address 5721 Hallandale Bch Blvd Suite, Apt. #, etc. C2 City & State Hallandale FL Zip 33023 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Spiegel + UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave.	
City Coral Gables	FL Zip Code 33134

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, type 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) ☐

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	PSTD Natalie Brink 5721 Hallandale Beach Blvd #C2 Hallandale FL 33023	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Natalie Brink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Biocyte

Attachment
Document #
P01000031966

870186

Monday, June 03, 2002

Natalie Brink
President

Ira Gleiberman
Medical Director

Jesse Diaz MT AMT
Lab-Supervisor/CAP
Director

RE: Document #: P01000089010

Entity Name: Humanitas Laboratories, Inc.

To Whom It May Concern:

Due to our recent change of address, we had to file mail forwarding forms with the USPS. However, the Postal Service never forwarded our mail to our current address, and no mail was received, including the Uniform Business Reports for 2002.

Therefore, we ask you to take this matter into consideration and waive the late fee and institute the current fee of \$150.00.

Regards,

Natalie Brink
President