

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90114 011 ***150.00

DOCUMENT # P01000079821

1. Entity Name
XENIGEN, INC.

Principal Place of Business

~~100 EAST LINTON BLVD STE 137A~~
~~DELRAY BEACH FL 33483~~

Mailing Address

~~100 EAST LINTON BLVD STE 137A~~
~~DELRAY BEACH FL 33483~~

2. Principal Place of Business

4400 N. Federal Hwy.
 Suite, Apt. #, etc.
24.

City & State
Boca Raton, FL

Zip
33431

Country
USA

3. Mailing Address

4400 N. Federal Hwy
 Suite, Apt. #, etc.
24

City & State
Boca Raton, FL

Zip
33431

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1130006

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J ESQ
TERMINELLO & TERMINELLO, PA
2700 SW 37TH AVENUE
MIAMI FL 33133

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SARAPO, GUY DONATO
~~100 EAST LINTON BLVD STE 137A~~
~~DELRAY BEACH FL 33483~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SARAPO, GUY DONATO
~~100 EAST LINTON BLVD STE 137A~~
~~DELRAY BEACH FL 33483~~

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ **Change** ☐ **Addition**
4400 N. Federal Hwy, # 24
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ **Change** ☐ **Addition**
4400 N. Federal Hwy, # 24
Boca Raton, FL 33431

TITLE
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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02 **954 480668**

CR2E034 (9/01)