

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

FILED
Sep 16, 2002 8:00 am
Secretary of State
09-16-2002 90105 008 ***150.00

DOCUMENT # **P01000088541**

1. Entity Name

BIOKINETIC RESONANCE INC.

DO NOT WRITE IN THIS SPACE

980892

2. Principal Place of Business

3. Mailing Address

5533 LAGORCE DR.

5533 LAGORCE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOUSE

SAME

City & State **MIAMI BEACH FLA.**

City & State **MIAMI BEACH FLA**

Zip **33140**

Country **USA.**

Zip **33140**

Country **USA.**

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **COURT ACCESS CENTER OF AMERICA INC**

Street Address (P.O. Box Number is Not Acceptable) **3249 W. CYPRUS ST. SUITE C**

City **TAMPA** FL **33607**

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

Sydney McLeod Pres.

Signature typed or printed name of the person signing 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 **PRESIDENT**
NAME **Ty McLeod**
STREET ADDRESS **5533 LAGORCE DR MIAMI BEACH**
CITY-ST-ZIP **FLA. 33140**

TITLE **VICE PRES.**
NAME **RICHARD CLEMENT**
STREET ADDRESS **2977 MCFARLANE RD MIA FLA.**
CITY-ST-ZIP **33133**

TITLE **SEC.**
NAME **JOE BUCKLEY**
STREET ADDRESS **1300 CORAL WAY SUITE 307**
CITY-ST-ZIP **MIAMI FLA 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 employees.

SIGNATURE:

Sydney McLeod TYRONE McLEOD 9/11/02 305-866-7103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
98099
Biokinetic Resonance

PD1 0006

To: Dir of Corp.

From: Syron McLeod Pres. Biokinetic Resonance Inc.

I was informed by a very helpful person by the Name of Amy that if I did not receive prior Notice that the late fee can be waived because I have Moved the location of My Corp to a New Address and was unaware that I had to let you (Dir. of Corp) know of a change in My Address. As a result I received No Notice Please Forgive My ignorance in this Matter. This is My ~~First~~ First Time Having My own Corp. Now that I am aware I can Assure you it won't happen Again Your understanding of this Matter will be Greatly Appreciated Thank you!

Syron McLeod Pres.

New Address is:

3063 Oak Avenue
Coconut Grove, FL 33133
Ph. (305) 448-9295 fax. (305) 444-5727
www.biokineticresonance.com

3355 La Gorce Dr.
Miami Beach FLA
33140 / 305-866-7103