Apr 23 03 11:22a Biocare Inter. Group Inc. 3

FILED
Apr 28, 2003 8:00 am
Secretary of State

4/10

04-10-2003 90154 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000115344

1. Entity Name
BIOCARE INTERNATIONAL GROUP, INC.

55031655

Principal Place of Business	Mailing Address
2315 NW 107 AVENUE	2315 NW 107 AVENUE
#9	#9
MIAMI, FL 33172	MIAMI, FL 33172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3659677 ☐ Applied For ☐ Not Applicable 11-3659677

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AL-QANNAS, MOHAMMAD P	Name
2626 ST. RD. 590	Street Address (P.O. Box Number Is Not Acceptable)
1811	
CLEARWATER, FL 33759	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	P.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AL-QANNAS, MOHAMMAD		NAME	
STREET ADDRESS	2626 ST RD 590 # 1811		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	
TITLE	V.P.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MERAI, NAZEEH		NAME	
STREET ADDRESS	1994 MICHIGAN AVE. N.E.		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703		CITY-ST-ZIP	
TITLE	T.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAYYARI, MOHD		NAME	
STREET ADDRESS	2626 ST. RD. 590 #1811		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	
TITLE	D.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AL-QANNAS, ZAKARIA		NAME	
STREET ADDRESS	P.O. BOX 151009		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33684		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AL-QANNAS, AYMAN		NAME	
STREET ADDRESS	P.O. BOX 151009		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33684		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] 3-26-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #