2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P93000055487 1. Entity Name

Mailing Address

455 NE 28 ST

MIAMI FL 33137

3. Mailing Address

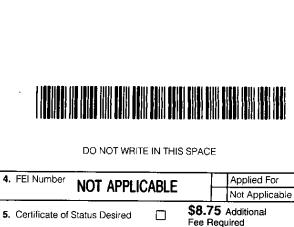
City & State

Zip

Suite, Apt. #, etc.

May 06, 2002 8:00 am & Secretary of State **FILED**

05-06-2002 90153 003 ***150.00



6. Name and Address of Current Registered Agent	7. Name and Address of Ne	w Registered Agent	
	Name		
MOSCHELL ROBERT S ESQ 19 W FLAGLER ST	Street Address (P.O. Box Number is Not Acceptable)		
STE 1209 MIAMI FL 33130		. "	
	City	FL Z	
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	f Florida.	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when rejectation)	
(1072) Inguistra Aguit algunata (equired what tallistating)	

Country

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Country

RNA-DNA CLONE CORP.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

11.

455 NE 28 ST

MIAMI FL 33137

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12.

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

11.	OFFICERS AND DIRECT	ORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	CSTD KEHOE, THOMAS 455 NE 28 ST MIAMI FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEHOE, CASEY C PRES. 3400 BEN LOMOND PL., SUITE 101 LOS ANGELES CA 90027	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	\circ	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with the information supplied with the information indicated on this report or supplemental report true and acculate another in 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 of true and acculate another indicated by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen

SIGNATURE:

305-573-1850

Daytime Phone #