

**2000 UNIFORM BUSINESS REPORT (UBR)**

5.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90299 027 \*\*\*150.00

**DOCUMENT # P94000002098**

1. Entity Name

**BIO-NUCLEONICS, INC.**

Principal Place of Business

9372 HARDING AVE.  
 SURFSIDE FL 33154  
 US

Mailing Address

9372 HARDING AVE.  
 SURFSIDE FL 33154-2405  
 US

2. Principal Place of Business

**1910 Northeast Miami Court**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

Zip

**33132**

Country

**USA**

Country

4. FEI Number

**65-0462896**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SATZ, STANLEY**  
**9372 HARDING AVE.**  
**SURFSIDE FL 33154**

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, 2000 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	<input type="checkbox"/> Delete
D/P	SATZ, STANLEY	9372 HARDING AVE.	SURFSIDE FL 33154	<input type="checkbox"/>
V/T/S	Rosanne Satz	290-174th Ste. Apt/2215	Sunny Isles Bch, Florida 33160	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**04/24/00**

Date

**305 576-0996**

Daytime Phone #

CR2E034 (9/99)