

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 09, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000055658****1. Entity Name**

SANADI BIOTECH GROUP, INC.

**Principal Place of Business**

15209 PLANTATION OAKS DR

#4

TAMPA

33647

FL

US

**Mailing Address**

PO BOX 46577

TAMPA

33647

FL

US

**2. Principal Place of Business**

6110 RAIN BRIAR CT

**3. Mailing Address**

6110 RAIN BRIAR CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TEMPLE TERRACE

FL

Zip  
33617Country  
US**City & State**

TEMPLE TERRACE

FL

Zip  
33617Country  
US**4. FEI Number****59-3258017****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**CARIO JEFFREY P.  
7361 FOREST OAKS BLVDSPRINGHILL  
34606

US

FL

**7. Name and Address of New Registered Agent****Name**

SANADI CLYDE

**Street Address (P.O. Box Number is Not Acceptable)**

6110 RAIN BRIAR CT

City  
TEMPLE TERRACE**FL**Zip Code  
33617**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 CLYDE SANADI**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**01/09/2000**

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 PSD ☐ Delete  
NAME SANADI CLYDE  
STREET ADDRESS 15209 PLANTATION OAKS DR #4  
CITY-ST-ZIP TAMPA FL 33647TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**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 CLYDE SANADI**

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01/09/2000