2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90005 010 ***158.75

U20A010 AV

DOCUMENT # P94000074832

1. Entity Name
BIOLOGICAL RESEARCH & INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
444 BRICKELL AVE.. SUITE 51-246 MIAMI FL 33131	444 BRICKELL AVE.. SUITE 51-246 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 BRICKELL AVENUE	444 BRICKELL AVENUE
Suite, Apt. #, etc.: #51-246	Suite, Apt. #, etc.: #51-246
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: US	Zip: 33131 Country: US

4. FEI Number 65-0530845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IBC FIDUCIARY INC.
100 S.E. 2ND STREET
SUITE 2315
MIAMI FL 33131

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~JENSEN, C~~ ~~444 BRICKELL AVENUE, SUITE 51-246~~ ~~MIAMI FL~~	☒ Delete	D JENSEN, C. 444 BRICKELL AVENUE, #51-246 MIAMI, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HENNING, U 100 SE 2ND ST. #2315 MIAMI FL, 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CAS~~ ~~DELLAVEDOVA, A.~~ ~~100 SE 2ND STREET 2315~~ ~~MIAMI FL 33131~~	☒ Delete	V-AS DELLAVEDOVA, A. 100 S.E. 2nd St., #2315 MIAMI, Fl 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMEJDA, L 100 S.E. 2ND ST., #2315 MIAMI FL 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED Ursula Jensen 4/26/02 (305) 358-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #