

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90145 029 ***150.00

DOCUMENT # P95000025114

1. Entity Name
BIO PRODUCTIONS, INC.



Principal Place of Business

**PO BOX 561085
MIAMI FL 33256**

Mailing Address

**PO BOX 561085
MIAMI FL 33256**

11033010



2. Principal Place of Business

PO Box 432820

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0577724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMILLERI, MICHAEL
ADORNO & ZEDER
888 SE 3RD AVE - SUITE 500
FT LAUDERDALE FL 33335**

7. Name and Address of New Registered Agent

Name

D Michael B. Itz

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

Suite 3000

201 S. Biscayne Blvd

City

Miami

FL

Zip Code

33133

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

29 April 03

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

TITLE **D** ☐ Delete
NAME **BITZ, MICHAEL D**
STREET ADDRESS **PO BOX 560186**
CITY-ST-ZIP **MIAMI FL 33256-0186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 03

Date

305 416 4232

Daytime Phone #

CR2E034 (10/02)