

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000025122**

1. Entity Name

~~E.K.M.A. AIR, INC.~~
BIO PRODUCTIONS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90282 019 ***150.00

Principal Place of Business

13404 SW 131 ST
MIAMI FL 33186
US

Mailing Address

P.O. BOX 560186
MIAMI FL 33256-0186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-057721**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BITZ, MICHAEL**
STREET ADDRESS **P.O. BOX 560186 N/A**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this report 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 authorized 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 and another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

095000025122

B0695007

Bio Productions, Inc.

P O Box 560186

Miami, FL 33256

(305) 256-5456

29 April 2000

Florida Department of State
Division of Annual Reports
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Re: Bio Productions, Inc.
FEI 65-0577724

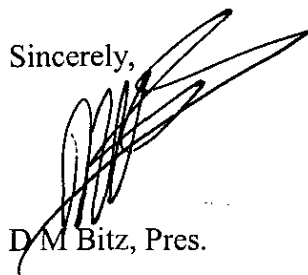
Dear Sirs:

I noted that the Annual Report for the above corporation had not arrived as in years past. I have altered the Uniform Business Report for a company that is no longer in business and am mailing this with the appropriate fee.

Please note the change in name and FEI number on the form.

Thank-you for your assistance in this matter,

Sincerely,



D. M. Bitz, Pres.