

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90045 015 ***158.75

DOCUMENT # P96000000190

1. Entity Name
BIO-FLEX INTERNATIONAL, INC.



Principal Place of Business
1250 E HALLENDALE BCH BLVD
PENTHOUSE 1
HALLANDALE BEACH FL 33026
US

Mailing Address
% ANTONIO R. MENENDEZ
150 W. FLAGLER STREET, SUITE 2200-ARM
MIAMI FL 33130

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip **Country** **Zip** **Country**

4. FEI Number **95-4194239** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

PAK, I. GREGORY
1250 E HALLANDALE BEACH BLVD
PENTHOUSE 1
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **Fernando I. De Paz**
Street Address (P.O. Box Number is Not Acceptable) **810 150 W. Flagler Street, Suite 2200**
City **Miami** **FL** **Zip Code** **33130**

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 **2/27/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	EZEKIEL, STEVEN	% 150 W. FLAGLER STREET, SUITE 2200	MIAMI FL 33130	
	D			
	EZEKIEL, MICHAEL	% 150 W. FLAGLER STREET, SUITE 2200	MIAMI FL 33130	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE: **2/27/03** **954-457-2655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOTARIZED
AV

CR2E034 (10/02)