

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000013791****1. Entity Name**
XOCHI BIOSYSTEMS, INC.**Principal Place of Business**

2330 WEST NEW HAVEN DR.

MELBOURNE
32904

FL

Mailing Address

2330 WEST NEW HAVEN DR.

MELBOURNE
32904

FL

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**59-3357842**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGALLAGHER RON
390 NARRAGANSETT ST NEPALM BAY
32907

FL

US

7. Name and Address of New Registered Agent

Name

GALLAGHER RONALD

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

390 NARRAGANSETT ST NE

City
PALM BAY

FL

Zip Code
32907**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 **RONALD GALLAGHER**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

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 S ☐ Delete
NAME GALLAGHER RONALD
STREET ADDRESS 390 NARRAGANSETT ST SE
CITY-ST-ZIP PALM BAY FL 32907TITLE P ☐ Delete
NAME LEHMAN PETER
STREET ADDRESS 174 SKYLINE BLVD
CITY-ST-ZIP SATELITE BEACH FL 32937TITLE P ☒ Delete
NAME IRIZARRY JOSE
STREET ADDRESS SARATOGA APTS. 101 CYPRESS BROOKS CIR. 850
CITY-ST-ZIP MELBOURNE FL 32901TITLE ☐ Delete
NAME
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 S ☒ Change ☐ Addition
NAME GALLAGHER RONALD
STREET ADDRESS 390 NARRAGANSETT ST NE
CITY-ST-ZIP PALM BAY FL 32907TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: RONALD GALLAGHER

S 05/01/2000