

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90150 022 \*\*\*150.00

**DOCUMENT # P96000013791**

1. Entity Name  
**XOCHI BIOSYSTEMS, INC.**

Principal Place of Business  
**2330 WEST NEW HAVEN DR.**  
**MELBOURNE FL 32904**

Mailing Address  
**2330 WEST NEW HAVEN DR.**  
**MELBOURNE FL 32904**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, RONALD**  
**390 NARRAGANSETT ST NE**  
**PALM BAY FL 32907**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P**  
 STREET ADDRESS **LEHMAN, PETER**  
 CITY-ST-ZIP **174 SKYLINE BLVD**  
**SATELITE BEACH FL 32937**

☒ Delete

TITLE  
 NAME **LYDIA SANCHEZ**  
 STREET ADDRESS **LYDIA SANCHEZ - GARRET**  
 CITY-ST-ZIP **13400 SW 57 ST**  
**MIAMI, FL 33193**

☐ Change ☒ Addition

TITLE  
 NAME **S**  
 STREET ADDRESS **GALLAGHER, RONALD**  
 CITY-ST-ZIP **390 NARRAGANSETT ST NE**  
**PALM BAY FL 32907**

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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**

**LYDIA SANCHEZ - GARRET** **9/11/2001** **305 385 7127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

attachment  
# P96000013791  
B0065079

September 11, 2001  
Division of Corporation  
Reinstatement Division

Re: Xochi Biosystems, Inc.  
Document Number P96000013791

Dear Sir/Madame:

Please find enclosed the 2001 Uniform Business Report .

Do to clerical and loss forms, we are respectfully requesting to have the penalties assessed against the above corporation wavier because the undersigned took office effective April 1, 2001 and never received the Uniform Business Report form from my predecessor till this date.



Lydia Sanchez-Garret  
President