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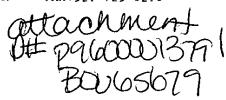
ZYDIA SANCHEZ-GARRET 9/11/2001 305 385 7/27

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Sep 17, 2001 8:00 am Secretary of State P96000013791 DOCUMENT # 1. Entity Name XOCHI BIOSYSTEMS, INC. 09-17-2001 90150 022 ***150.00 Principal Place of Business Mailing Address 2330 WEST NEW HAVEN DR. 2330 WEST NEW HAVEN DR. MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For - City & State City & State-4. FEI Number 59-3357842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLAGHER, RONALD Street Address (P.O. Box Number is Not Acceptable) 390 NARRAGANSETT ST NE PALM BAY FL 32907 City Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (5/01) Delete ☐ Change ✓ Addition LEHMAN, PETER NAME NAME YOLA SANCHEZ - GARRET STREET ADDRESS 174 SKYLINE BLVD STREET ADDRESS 57 ST 15400 SW SATELITE BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GALLAGHER, RONALD NAME 390 NARRAGANSETT ST NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM-BAY-FL 32907 CITY-ST-ZIP ☐ Delete TITLE TITLE - . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



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