

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90101 031 \*\*\*150.00

0115090 AV

**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

DO NOT WRITE IN THIS SPACE

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 \$150.00  
 After May 1, 2002 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          | <b>P</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>LEHMAN, PETER</b>           |                                 |
| STREET ADDRESS | <b>174 SKYLINE BLVD</b>        |                                 |
| CITY-ST-ZIP    | <b>SATELITE BEACH FL 32937</b> |                                 |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>GALLAGHER, RONALD</b>       |                                 |
| STREET ADDRESS | <b>390 NARRAGANSETT ST NE</b>  |                                 |
| CITY-ST-ZIP    | <b>PALM BAY FL 32907</b>       |                                 |
| TITLE          | <b>P</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>SANCHEZ-GARRET, LYDIA</b>   |                                 |
| STREET ADDRESS | <b>13400 SW 57 STREET</b>      |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33193</b>          |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>VP</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Lehman, Peter</b>            |  |
| STREET ADDRESS | <b>174 Skyline Blvd</b>         |  |
| CITY-ST-ZIP    | <b>Satelite Beach, FL 32937</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 effect 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 information empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 (321) 722-0095**

Date Daytime Phone #

CR2E034 (9/01)