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FILED
Jul 11, 2002 8:00 am
Secretary of State
05-24-2002 91329 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072831

1. Entity Name:
D.S. BISCAYNE, INC.

DO NOT WRITE IN THIS SPACE

- 38590 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
2785 NE 183 ST.	2785 NE 183 ST.	65-6219848	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: Miami FL	City & State: Miami FL		
Zip: 33160 Country: USA	Zip: 33160 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIE A. DICOWDEN Ph.D

Street Address (P.O. Box Number is Not Acceptable): 2785 NE 183 ST

City: AVENTURA FL Zip Code: 33160

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: X Marie A. DiCowden, Ph.D

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐	January 1 - May 1 Fee is $150.00 After May 1 Fee is $550.00 Amended UBR is $61.25 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: PRESIDENT NAME: MARIE A DICOWDEN, Ph.D. STREET ADDRESS: 2785 NE 183 ST. CITY-ST-ZIP: MIAMI FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marie A DiCowden Pres 5/1/02 305-532-8994

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Stamped in her absence to avoid delay