2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000078725 DOCUMENT

1. Entity Name

CORTECH CORPORATION



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90667 007 ***150.00

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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name and Addre	City & State			City & State			4.	hh4h4h41/]
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HUYSMAN, MICHEL 2000 S. DOME HWY., STE. 100 **MAMI FL 33133 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 Forida. Tam familiar with, and accept the obligations of registered agent. SIGNATUPE ### Title NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. **NAWE** **SIRET ADDRESS** **OTY-51-2P** **INITE** **UNAMI FL 33178 **DIAMAN CORNELLS J** **NAWE** **SIRET ADDRESS** **OTY-51-2P** **INITE** **UNAMI FL 33178 **DIAMAN FL 33178		6. Name and A	ddress of Current Regist	ered Agent							1	
2000 S. DIXIE HWY., STE. 100 **MAMI FL 33133** City FL Zip Code 8. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida St	LILIVOLIAN					Name						1
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12. 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 employed to execute this report as required by Chapter 607. Florida Statutes; and that my same expects in Block 10 or Block 11 if	CITY-ST-ZIP					l l						
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