

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095006

1. Entity Name  
BIOVISION CORP.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90082 008 \*\*\*150.00

Principal Place of Business

1814 NORTH "R" STREET  
LAKE WORTH FL 33460

Mailing Address

1814 NORTH "R" STREET  
LAKE WORTH FL 33460

C0028643

2. Principal Place of Business

1111 BRICKELL BAY DR.  
Apt # 1203

3. Mailing Address

Suite, Apt. #, etc.

same as left



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State  
MIAMI FLORIDE

City & State

4. FEI Number  
65-099-2484

NOT APPLICABLE  
☒ Applied For  
☐ Not Applicable

Zip  
33131

Country  
USA

Zip

Country

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

LAZZARA, JUSTIN R  
1814 NORTH "R" STREET  
LAKE WORTH FL 33460

Name

same

Street Address (P.O. Box Number is Not Acceptable)

1111 BRICKELL BAY DR. Apt # 1203

City  
MIAMI

FL

Zip  
33131

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

2/25/01

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LAZZARA, JUSTIN R.  
1814 N "R" ST  
LAKE WORTH FL 33460 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LAZZARA, JUSTIN R.  
1111 BRICKELL BAY DR. Apt # 1203  
MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 reports 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 an other, I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUSTIN LAZZARA, Pres. 2/25/01 786-374-6800

CR2E034 (10/00)