

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90052 046 ***150.00

DOCUMENT # P97000029401

1. Entity Name
BIO-TISSUE, INC.

Principal Place of Business

Mailing Address

6601 SW 80TH ST
 200B
 S MIAMI FL 33143
 US

6601 SW 80TH ST
 200B
 S MIAMI FL 33143
 US

102000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8780 SW 92nd St.

8780 SW 92nd St.

Suite, Apt. #, etc.
Suite 211

Suite, Apt. #, etc.
Suite 211

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0742529**

Applied For
 Not Applicable

Zip **33176**

Country **Dade**

Zip **33176**

Country **Dade**

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

TSENG, AMY H
6601 SW 80TH ST
STE 200B
S MIAMI FL 33143

Name **Amy H TSENG**
 Street Address (P.O. Box Number is Not Acceptable)
8780 SW 92nd STREET, SUITE 211
 City **MIAMI FL** Zip Code **33176**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **D** Delete
 NAME **ROSENBAUM, JERRY MD**
 STREET ADDRESS **9400 SW 68TH CT**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **PD** Delete
 NAME **TSENG, AMY H**
 STREET ADDRESS **10000 SW 63 PL**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **TREASURER** Change Addition
 NAME **TSENG, AMY H.**
 STREET ADDRESS **10000 SW 63 PL**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DVP** Delete
 NAME **ROSENBAUM, BARBARA J**
 STREET ADDRESS **9400 SW 68TH CT**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **SD** Delete
 NAME **MERRITT, JENIFER**
 STREET ADDRESS **12125 SW 110 ST CIRCLE SOUTH**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SECRETARY, VICE PRESIDENT** Change Addition
 NAME **MERRITT, JENIFER**
 STREET ADDRESS **12125 SW 110 ST. CIRCLE SOUTH**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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 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 all other like empowered.

SIGNATURE: _____ **PRESIDENT & DIRECTOR** /5/2001 (305) 412-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0220815

CR2E034 (10/00)