

# 2000 UNIFORM BUSINESS REPORT (UBR)

039043

DOCUMENT # P97000080075

1. Entity Name

GENETIC BIOMEDICAL, INC.

FILED

00 FEB 14 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 812257  
BOCA RATON FL 33481-2257  
US

P.O. BOX 812257  
BOCA RATON FL 33481-2257  
US

2. Principal Place of Business

P.O. Box F-44866

3. Mailing Address

P.O. Box F-44866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Freeport

City & State  
Freeport

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip Country Bahamas

65-0817843

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

WHEATLEY, JAY  
825 REDWOOD LANE  
BOCA RATON FL 33487

Name Luis Bugarini c/o Genetic BioMedical, Inc.

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

801 Clintmoore Road

Unit 25

City Boca Raton, Florida 33487 FL Zip 33487

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	WHEATLEY, JAY	
STREET ADDRESS	325 REDWOOD LANE	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis Bugarini	
STREET ADDRESS	Ave. Xpuhil #3, Suite 115, S.M. 27	
CITY-ST-ZIP	Cancun, Mexico 77502	
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		

500003140855  
-02/21/00--01823-007  
\*\*\*\*150.00 \*\*\*\*150.00

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)