FILED

Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90393 050 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000069699

1. Entity Name

BIOWORLD BIOTECHNOLOGY, INC.



					NE WE	15						
10475 RIVERSIDE DRIVE STE 6			Mailing Address 10475 RIVERSIDE DRIVE STE 6			_					* *	
WEST PALM BEACH FL 33410			WEST PALM BEACH FL 33410				~ * *	1 130 1130 118 1010 101				ARIO COMO COM HADE
2 Dringing	Diagonal Display		***									
2. Principal	Place of Business	3. M.	3. Mailing Address) 198)(88) (88 Q(Q) 191)	il en ill 4 #	i 88141 8811	A CINE FOLIO C	IITE IESTO TOTI EEDS
Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.						. HEDE !!	C 1441/11	10.0114410	
City & Sta			Chi P Chi				☐ CHECK HERE IF MAKING CHANGES					
City & Sta		Cit	City & State				4. FE	El Number 65-08!	55784		—	Applied For Not Applicable
Zip Country		Zip	Zip		Country		5. C	ertificate of Status D	esired	X		Additional
	6. Name and Address of Curre	<u>i</u> ent Register	red Agent	1			7 N:	me and Address o	f New Po	aletoro	Fee Req	Jired
V.					Name		7. 144	ine did Address o	I New ne	gistered	Agent	<u></u>
SAULERB	ERG, ERIC M				Street Address (P.O. Box Number is Not Acceptable)							
200 VILL/	AGE SQUARE CROSSING		Street Addres			iress (F	U. Bo:	Number is Not Acc	:eptable)			
STE 102								******				
PALM BEACH GARDENS FL 33410					City						Zip C	inde
8 The above	named entity submits this statemen	t for the nur	none of changing its				· ·			F	L	
the obliga	e named entity submits this statemen tions of registered agent.	n for the pur	pose or changing its	registere	ed office or re	gistere	ed ager	it, or both, in the Sta	te of Flori	ida. Lam	n familiar wi	th, and accept
CICLIATION			•									
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if ap	opticable. (NOTE	E: Registered	Agent signature i	required v	when rains	itating)		DATE		
:°F	ILE NOW!!! FEE IS \$150.00											
	r May 1, 2003 Fee will be \$550.0	00						9. Election Camp				5.00 May Be
Make Chec	k Payable to Florida Bepartment	of State						Trust Fund Cor	itribution.		L Ad	ded to Fees
10.	ÖFFICERS AN	ND DIRECTO	ORS	11,			ADD	TIONS/CHANGES	TO OFFIC	ERS AN	ID DIRECTO	ORS IN 11
TITLE	PD		☐ Delete	TITLE	1						☐ Chang	ge 🔲 Addition
NAME STREET ADDRESS	BROOKS, ROBERT A S 10475 RIVERSIDE DRIVE STE 6		NAM									
CITY-ST-ZIP	WEST PALM BEACH FL 33410				T ADDRESS ST-ZIP							
TITLE	VSTD	·		TITLE								
NAME	BROOKS, JACKIE L		Li Delete	NAME							☐ Chang	e
STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33410			CITY~	ST-ZIP							
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NAME STREET ADDRESS				NAME								
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TITLE	<u> </u>	***		-1	51-ZIF - 5-1		•				<u></u>	
NAME			☐ Delete	TITLE NAME							☐ Change	e 🗌 Addition
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NAME				NAME	ĺ						Onling	, L., Addition
STREET ADDRESS					ADDRESS							
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TITLE			☐ Delete	TITLE							☐ Change	Addition
NAME STREET ADDRESS				NAME								
CITY-ST-ZIP					ADDRESS							
45 41				CITY-S	I-ZIP							

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: