

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073840

1. Entity Name
DNA LIFEPRINT, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90071 010 ***150.00

Principal Place of Business 3050 BISCAYNE BLVD STE 502 MIAMI FL 33137 US	Mailing Address 3050 BISCAYNE BLVD STE 502 MIAMI FL 33137 US
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2. Principal Place of Business 340 E Dania Beach Blvd Suite, Apt. #, etc.	3. Mailing Address 340 E Dania Beach Blvd Suite, Apt. #, etc.
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City & State Dania Beach, FL	City & State Dania Beach, FL	4. FEI Number 65-0858836	Applied For Not Applicable
Zip 33004-3020	Country USA	Zip 33004-3020	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MATTHEWS, JOSEPH 3050 BISCAYNE BLVD STE 502 MIAMI FL 33137	7. Name and Address of New Registered Agent Name Joseph Matthews Street Address (P.O. Box Number is Not Acceptable) 340 E. Dania Beach Blvd City Dania Beach FL Zip Code 33004-3020
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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 *Joseph Matthews* *Joseph Matthews* 2/14/01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, JOSEPH 3050 BISCAYNE BLVD STE 502 MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Joseph Matthews* *Joseph Matthews* 2/14/01 954-205-5817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)