2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-06-2002 90029 020 ***150.00

DOCUMENT # **P98000075672**

1. Entity Name
BIOTECH DIAGNOSTIC SERVICES, CORP.

Principal Place of Business	Mailing Address
814 PONCE DE LEON SUITE 405 CORAL GABLES FL 33135	814 PONCE DE LEON SUITE 405 CORAL GABLES FL 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite. Apt. #, etc.	
City & State	City & State	4. FEI Number **65-0860191** — Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
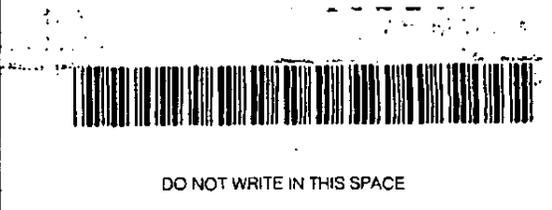
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, MARTIN A 814 PONCE DE LEON SUITE 405 CORAL GABLES FL 33135	Name *Rodolfo Lopez* Street Address (P.O. Box Number is Not Acceptable) *10737 NE 2nd Place* City *Miami Shores,* FL Zip Code *33161*

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.)   *Rodolfo Lopez - President* 1/15/02
(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, 2002 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 **PSD** NAME **LOPEZ, RODOLFO** STREET ADDRESS **10737 N.E. 2ND PLACE** CITY-ST-ZIP **MIAMI SHORES FL 33161**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED *Rodolfo Lopez - President* 1/15/02 (305) 448-6532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #