

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000082079

FILED
Apr 20, 2003
Secretary of State

Entity Name: PARTNERS FOR APPLIED SCIENCE, INC.

Current Principal Place of Business:

25 SE 2ND AVENUE
1148
MIAMI, FL 33131

New Principal Place of Business:

86 IRONWOOD WAY
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

25 SE 2ND AVENUE
1148
MIAMI, FL 33131

New Mailing Address:

86 IRONWOOD WAY
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0867034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZENDO CAPITAL, INC.
1717 N BAYSHORE DRIVE
SUITE #3452
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

DR. SCHMITT, RAINER M VPD
86 IRONWOOD WAY
PALM BEACH GARDENS, FL 33418 US

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: DR. RAINER M. SCHMITT

04/20/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMITT-VALE, ELFRIEDE
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: SCHMITT, RAINER
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: THEUERMEISTER, WOLF
Address: 1717 N BAYSHORE DRIVE, SUITE 3452
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. RAINER M. SCHMITT

VPD

04/20/2003

Electronic Signature of Signing Officer or Director

Date